Saldivar, Christina

From: Jeffrey.Gerdes@epa.ohio.gov

Sent: Friday, November 12, 2021 7:31 AM

To: Saldivar, Christina

Cc: james.kavalec; frederick.jones@epa.ohio.gov; Vargas, Yeyzy; Todd, Michael; Burt

Mechenbar

Subject: RE: U.S. EPA - Region 5: AHERA Complaint - Mentor Public Schools

Attachments: 201593631.pdf; 201594234.pdf; 201697128.pdf; 2017101674.pdf; 2017102477

Inspection 08-03-2017.pdf; 2017102477.pdf; 20020461.pdf; 20030478.pdf;

200566805.pdf; 200872018.pdf; 201491307.pdf; 201491590.pdf; 201491694 Inspection 08-14-2014.pdf; 201491694.pdf; notification-163891-4.pdf; notification-145630-1.pdf; notification-142128-4.pdf; notification-107525-2.pdf; notification-116179-0.pdf;

notification-100404-4.pdf

Follow Up Flag: Follow up Flag Status: Flagged

Good morning Christina,

The first 14 attachments include 12 notifications and two inspections that occurred prior to 2018 at the Ohio Department of Health when they controlled the licensing and certification program. Ohio Department of Health received a notification anytime more than 50 square or liner feet of friable ACM was removed. The last six are from 2018-current from our Ohio EPA asbestos database that includes NESHAP and certification and licensure. We will have to search the former Ohio EPA database on Monday (years 2013-2017) when Frederick gets back as he is the only one with that access.

Let me know if you have any questions.

Sincerely,

Jeff Gerdes
Asbestos Program Supervisor
Division of Air Pollution Control
Ohio Environmental Protection Agency
614-466-0061

From: Saldivar, Christina <saldivar.christina@epa.gov>

Sent: Wednesday, November 10, 2021 3:57 PM **To:** Gerdes, Jeffrey <Jeffrey.Gerdes@epa.ohio.gov>

Cc: Kavalec, James < James.Kavalec@epa.ohio.gov>; Jones, Frederick < frederick.jones@epa.ohio.gov>; Vargas, Yeyzy

<Vargas.Yeyzy@epa.gov>; Todd, Michael <Todd.Michael@epa.gov>
Subject: U.S. EPA - Region 5: AHERA Complaint - Mentor Public Schools

Jeffery:

Please send the copies of notifications regarding Mentor Public Schools whenever you have a chance. If possible, please send the information by November 15th.

Thanks,

Christina

Christina Saldivar (she/her/them)

Case Enforcement Officer
TSCA Lead-Based Paint and Asbestos in Schools
Pesticides and Toxics Compliance Section
U.S. EPA | Region 5
77 West Jackson Blvd, Chicago, IL 60604

Mailcode: ECP-17J Direct: 312-886-0755

Fax: 312-980-8744

Email: saldivar.christina@epa.gov

SEPA United States
Environmental Prosection
Agency

EPA – Lead-Based Paint Program:

https://www.epa.gov/lead

https://espanol.epa.gov/plomo

EPA – Asbestos Program:

https://www.epa.gov/asbestos

Report Environmental Violations:

https://echo.epa.gov/report-environmental-violations

CONFIDENTIALITY NOTICE - UNCLASSIFIED INFORMATION

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Postmark	Date Received	Notification No.	Receipt		
	02/15/2002	20020461	234096		

Ohio Department of Health

Read carefully all the instructions and questions prior to completing the notification 1. Notifications including check shall be typed and sent to the Ohio Department of Health Columbus, Ohio 43215.		Processing, P.O. Box 1	5278,	
2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount of sixty-fi	ve dollars(\$65.00)			
 Any licensed asbestos hazard abatement contractor who performs any asbestos hazar submit prior notifications to the Director at least ten business days before beginning of required by Chapter 3701-34 of the Ohio Administrative Code. 				
4. Type of notification X Original Revision number 2	revised line(s) nu	ımber		
Emergency Blanket Cancellation				
5. Type of abatement involving at least 50 linear feet or 50 square feet Removal Repair Encapsulation Enclos	ure X	Renovation		
6. Owner name MENTOR PUBLIC SCHOOLS				
Address	City		State	ZIP
6451 CENTER ST	MENTOR		ОН	44060
Contact JOHN GROGAN		Contact telephone (440) 974-52		
7. License number Abatement Contractor		, (, ,,		Evairation
AC1237 SafeAir Contractors, Inc.				Expiration 08/31/2019
Address	City		State	ZIP
9342 Pinecone Drive	Mentor		ОН	44060
Contact Robert J. Parks		Telephone number (440) 639-119	1	·
8. Certification number Name of asbestos hazard abatement specialist for project	+	1 ()		Expiration
AS25672 Steven Yates				01/25/2020
9. Project information - Building name				
Address	City		State	County
6477 CENTER ST, MENTOR HIGH SCHOOL	MENTOR		OH	LAKE
Site location (specific				
10. Project Description				
Type of asbestos material Surfacing Mechanical Other				
Asbestos removal from Pipe Boiler Other				
Engineering controls AFD Glove bag Other				
11. Estimate of asbestos containing material: linear feet: squ	uare feet: 33(า		
	350	<i>3</i>		
12. Abatement dates set up: 04/01/2002 abatement: 04/01/2002	cor	npletion (acm work o	nly):	04/05/2002
1				- , ,
Shift1: 8AM-430PM Shift2:	Shift3	_		
Days of the Week: X Monday X Tuesday X Wednesday X	Thursday	χ Friday	Saturday	Sunday
13. Approved landfill - Name				EPA permit number
2ND REV FAX 4/1/02 CHG OFF SITE TIL FURTHER NOTICE City			State	Telephone
14. Name of person filing this notice			Date	

Notes:			

Revision number:

2

Notification no.:

20020461

Certification number	Name of asbestos hazard abatement specialist 2 for project	Expiration
Certification number	Name of asbestos hazard abatement specialist 3 for project	Expiration

Postmark	Date Received	Notification No.	Receipt		
	04/04/2003	20030478	0X339205		

Ohio Department of Health

 Read carefully all the instructions and questions prior to completing the notification Notifications including check shall be typed and sent to the Ohio Department of Health Columbus, Ohio 43215. 		Processing, P.O. Box 1	.5278,	
2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount of sixty-fi	ve dollars(\$65.00)			
 Any licensed asbestos hazard abatement contractor who performs any asbestos hazar submit prior notifications to the Director at least ten business days before beginning e required by Chapter 3701-34 of the Ohio Administrative Code. 				
4. Type of notification X Original Revision number 1	revised line(s) nu	mber		
Emergency Blanket Cancellation				
5. Type of abatement involving at least 50 linear feet or 50 square feet Removal Repair Encapsulation Enclos	ure X	Renovation		
6. Owner name MENTOR PUBLIC SCHOOLS				
Address	City		State	ZIP
6451 CENTER STREET	MENTOR		ОН	44060
Contact JOHN GROGAN		Contact telephone (440) 974-52		
7. License number Abatement Contractor				Expiration
AC1237 SafeAir Contractors, Inc.				08/31/2019
Address	City		State	ZIP
9342 Pinecone Drive	Mentor		ОН	44060
Contact Robert J. Parks		Telephone number (440) 639-119		
8. Certification number Name of asbestos hazard abatement specialist for project	t			Expiration
AS23120 James Allen				07/13/2016
9. Project information - Building name				<u> </u>
3. Project information Building name				
Address	City		State	County
6477 CENTER ST, MENTOR HIGH SCHOOL	MENTOR		ОН	LAKE
Site location (specific				
10. Project Description				
Type of asbestos material Surfacing Mechanical Other				
Asbestos removal from Pipe Boiler Other				
Engineering controls AFD Glove bag Other				
11. Estimate of asbestos containing material:				
linear feet: 100 squ	uare feet: 748	3		
12. Abatement dates				
set up: 04/18/2003 abatement: 04/18/2003	сог	mpletion (acm work o	nly):	04/25/2003
Shift1: 8AM-430PM Shift2:	Shift3	:		
Days of the Week: X Monday X Tuesday X Wednesday X	Thursday	X Friday	Saturday	Sunday
13. Approved landfill - Name				EPA permit number
1ST REV FAX 4/22/03 CHG LF,SF,OFF SITE TIL FURTHER NOTICE City			State	Telephone
14. Name of person filing this notice			Date	

Notes:

Revision number:

1

Notification no.:

20030478

Certification number	Name of asbestos hazard abatement specialist 2 for project	Expiration
Certification number	Name of asbestos hazard abatement specialist 3 for project	Expiration

Postmark	Date Received	Notification No.	Receipt	
	07/20/2005	200566805	00548678	

Ohio Department of Health

keau	carefully all the instructi	ions and question	is prior to cor	npieting the n	otification	TOFM.				
1.	Notifications including cher Columbus, Ohio 43215.	ck shall be typed a	nd sent to the	Ohio Departmer	nt of Health	, Attn: Reven	ue Pi	rocessing, P.O. Box 1	.5278,	
2.	Checks shall be made paya	able to: Treasurer,	, State of Ohio,	for the amount	of sixty-fiv	e dollars(\$65	.00).			
3.	Any licensed asbestos haze submit prior notifications t required by Chapter 3701-	to the Director at le	east ten busine	ss days before b						
4.	Type of notification	Original	X Revisio	n number	3	revised line(s	s) nui	mber		
	Emergency	Blanket	Cancell	_						
			_							
5.	Type of abatement involvir	ng at least 50 linea Repair	r feet or 50 sq	_	Enclosu	re [Renovation		
6.	Owner name									
	Mentor Public Schools Address	S				City			Chaha	ZIP
	6451 Center Street					City Mentor			State OH	44060
	Contact					Mentor		Contact telephone		++000
	Ron Bivens							(440) 255-63	02	
7.	License number	Abatement Cont	ractor							Expiration
	AC1237	SafeAir Conti								08/31/2019
	Address	1				City			State	ZIP
	9342 Pinecone Drive					Mentor			ОН	44060
	Contact							Telephone number		
	Robert J. Parks							(440) 639-119	1	
8.	Certification number	Name of asbesto	os hazard abate	ement specialist	for project					Expiration
	AS23120	James Allen	1							07/13/2016
9.	Project information - Buildin	ng name								
	Horticulture Bldgs.									
	Address					City			State	County
	6477 Center Street					Mentor			OH	Lake
	Site location (specific									
	throughout									
10.	Project Description	. 🗖 .			0.1					
	Type of asbestos materia	al Sur	facing X	Mechanical	Other					
	Asbestos removal from	Pipe	e	Boiler	Other	fittings,b	reec	ching		
	Engineering controls	X AFD		Glove bag	Other					
11.	Estimate of asbestos contain	ning material:								
	linear feet: 85				squ	are feet:	30			
12.	Abatement dates									
	set up: 07/20/2005		abatement:	07/20/2005	5		con	npletion (acm work o	nly):	07/20/2005
	Shift1: 730am-430	pm Shift2	2:			St	hift3:	:		
	Days of the Week:	Monday	Tuesday	X Wednesd	lay	Thursday		Friday	Saturday	Sunday
13.	Approved landfill - Name									EPA permit number
	Minerva Enterprises I	Inc.								151292
	City								State	Telephone
	Waynesburg								OH	(330) 866-3435
14.	Name of person filing this n	otice							Date	
	Robert J. Parks								07/20/20	005

Notes:

Revision number:

3

Notification no.:

200566805

Certification number	Name of asbestos hazard abatement specialist 2 for project	Expiration
Certification number	Name of asbestos hazard abatement specialist 3 for project	Expiration

Postmark	Date Received	Notification No.	Receipt
	03/26/2008	200872018	00830536

Ohio Department of Health

Read carefully all the instructions and questions prior to completing the notification	n form.			
 Notifications including check shall be typed and sent to the Ohio Department of Health Columbus, Ohio 43215. 	n, Attn: Revenue P	rocessing, P.O. Box 152	278,	
2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount of sixty-five	ve dollars(\$65.00)			
 Any licensed asbestos hazard abatement contractor who performs any asbestos hazar submit prior notifications to the Director at least ten business days before beginning e required by Chapter 3701-34 of the Ohio Administrative Code. 				
4. Type of notification Original X Revision number 4	revised line(s) nu	mber		
Emergency Blanket Cancellation				
Entergency Blanket Cancellation				
5. Type of abatement involving at least 50 linear feet or 50 square feet X Removal Repair Encapsulation Enclose	ure	Renovation		
6. Owner name				
Mentor Public Schools Address	City		State	ZIP
6451 Center Street	Mentor		OH	44060
Contact	Tierreor	Contact telephone nu		11000
Ron Bivens		(440) 255-5239)	
7. License number Abatement Contractor				Expiration
AC1237 SafeAir Contractors, Inc.				08/31/2019
Address	City		State	ZIP
9342 Pinecone Drive	Mentor		ОН	44060
Contact		Telephone number		
Robert J. Parks		(440) 639-1191		
8. Certification number Name of asbestos hazard abatement specialist for project	t			Expiration
AS25672 Steven Yates				01/25/2020
9. Project information - Building name				
Mentor High School				
Address	City		State	County
6477 Lakeshore Blvd Site location (specific	Industrial Ar	ts Wing	OH	Lake
Industrial Arts Wing				
10. Project Description Type of asbestos material Surfacing X Mechanical Other				
Asbestos removal from X Pipe Boiler Other				
Engineering controls X AFD X Glove bag Other				
11. Estimate of asbestos containing material: linear feet: squ	uare feet: 130)		
12. Abatement dates				
set up: 03/21/2008 abatement: 03/21/2008	con	npletion (acm work only	/): (04/28/2008
Shift1: 7am-530pm No Shift2:	Shift3	:		
Days of the Week: X Monday X Tuesday X Wednesday X	Thursday	X Friday	Saturday	Sunday
13. Approved landfill - Name				EPA permit number
Minerva Enterprises				15-1292
City		S	tate	Telephone
Waynesburg			OH	(330) 866-3435
14. Name of person filing this notice			ate	
Robert J Parks		0	3/26/20	008

Notes:

Certification number

Name of asbestos hazard abatement specialist 2 for project

Expiration

Revision number:

4

Notification no.:

200872018

Certification number	Name of asbestos hazard abatement specialist 2 for project	Expiration
Certification number	Name of asbestos hazard abatement specialist 3 for project	Expiration

Postmark	Date Received	Notification No.	Receipt
	07/08/2014	201491307	254212

Ohio Department of Health

lead carefully all the instructions and questions prior to completing the notil	ification f	orm.			
 Notifications including check shall be typed and sent to the Ohio Department o Columbus, Ohio 43215. 	of Health,	Attn: Revenue Pi	rocessing, P.O. Box 1	5278,	
2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount of	sixty-five	dollars(\$65.00).			
Any licensed asbestos hazard abatement contractor who performs any asbesto submit prior notifications to the Director at least ten business days before begi required by Chapter 3701-34 of the Ohio Administrative Code.					
4. Type of notification Original X Revision number 3	re	evised line(s) nui	mber		
Emergency Blanket Cancellation	_				
5. Type of abatement involving at least 50 linear feet or 50 square feet X Removal Repair Encapsulation	Enclosur	е	Renovation		
6. Owner name					
Mentor Schools Address		City		State	ZIP
6451 Center St		Mentor		OH	44060
Contact	<u>l</u>	Tichtor	Contact telephone		11000
Jenn Skulski			(440) 974-52	24	
7. License number Abatement Contractor					Expiration
AC1237 SafeAir Contractors, Inc.					08/31/2019
Address		City		State	ZIP
9342 Pinecone Drive		Mentor	 	ОН	44060
Contact Debort 1 Device			Telephone number		
Robert J. Parks			(440) 639-119:	<u>L</u>	
8. Certification number Name of asbestos hazard abatement specialist for	r project				Expiration
AS28835 Mark Wilson					08/22/2020
9. Project information - Building name					
Mentor High School					1.
Address		City		State	County
6477 center St Site location (specific		Mentor		ОН	Lake
Various Rooms					
10. Project Description					
Type of asbestos material Surfacing Mechanical	Other	VAT			
Ashashas yamayal fyan	Othor				_
Asbestos removal from Pipe Boiler	Other	Floors			
Engineering controls X AFD Glove bag	Other	Wet Methods			
11. Estimate of asbestos containing material: linear feet:	squa	re feet: 431			
12. Abatement dates					
set up: 07/07/2014 abatement: 07/07/2014		con	npletion (acm work o	nly):	07/08/2014
Shift1: 7am to 3:30pm Shift2:		Shift3:	:		
Days of the Week: X Monday X Tuesday Wednesday	,	Thursday	Friday	Saturday	Sunday
13. Approved landfill - Name					EPA permit number
American Landfill					76-0008
City				State	Telephone
Waynesburg				OH	(330) 866-3265
14. Name of person filing this notice			I	Date	
Robert Parks				07/08/20)14

Notification no.: 201491307 Revision number: 3

Notes:

*revise start date to start on 7/7/14

** end date is 7/8/14

***changed days of week

Certification number	Name of asbestos hazard abatement specialist 2 for project	Expiration
Certification number	Name of asbestos hazard abatement specialist 3 for project	Expiration

Postmark	Date Received	Notification No.	Receipt
	08/11/2014	201491590	259906

Ohio Department of Health

lead	carefully all the instructions and questions prior to completing the notification form.		
1.	Notifications including check shall be typed and sent to the Ohio Department of Health, Attn: Revenue Processing, P.O. Bo Columbus, Ohio 43215.	x 15278,	
2.	Checks shall be made payable to: Treasurer, State of Ohio, for the amount of sixty-five dollars(\$65.00).		
3.	Any licensed asbestos hazard abatement contractor who performs any asbestos hazard abatement projects within the Star submit prior notifications to the Director at least ten business days before beginning each planned asbestos hazard abater required by Chapter 3701-34 of the Ohio Administrative Code.		
4.	Type of notification Original X Revision number 3 revised line(s) number		
	Emergency Blanket Cancellation		
5.	Type of abatement involving at least 50 linear feet or 50 square feet X Removal		
6.	Owner name		
	Mentor Public Schools Address City	State	ZIP
	6451 Center St Mentor	OH	44060
	Contact telepho		1
	Jenn Skulski (440) 974-	5224	
7.	License number Abatement Contractor		Expiration
	AC1237 SafeAir Contractors, Inc.		08/31/2019
	Address City	State	ZIP
	9342 Pinecone Drive Mentor	OH	44060
	Contact Telephone numb		
	Robert J. Parks (440) 639-1:	191	
8.	Certification number Name of asbestos hazard abatement specialist for project		Expiration
	AS31481 Michael Hines		03/21/2020
9.	Project information - Building name		
	Mentor High School		
	Address	State	County
	6477 Center St Mentor	OH	Lake
	Site location (specific Various Locations		
_			
10.	Project Description		
	Type of asbestos material Surfacing Mechanical Other Flooring		
	Asbestos removal from Pipe Boiler Other Floors		
	Engineering controls Glove bag Other Wet Methods/Hepa Vac		
11.	Estimate of asbestos containing material: linear feet: square feet: 185		
12.	Abatement dates		
	set up: 07/28/2014 abatement: 07/28/2014 completion (acm wor	k only):	08/29/2014
	Shift1: 7am to 3:30pm Shift2: Shift3:		
	Days of the Week: X Monday X Tuesday X Wednesday X Thursday X Friday	Saturday	Sunday
13.	Approved landfill - Name		EPA permit number
	American Landfill		76-0008
	City	State	Telephone
	Waynesburg	OH	(330) 866-3265
14.	Name of person filing this notice	Date	
L	Robert Parks	08/11/20	014

Notification no.: 201491590 Revision number: 3

Notes:	
*PROJECT ON HOLD	UNTIL FURTHER NOTICE

Certification number	Name of asbestos hazard abatement specialist 2 for project	Expiration
Certification number	Name of asbestos hazard abatement specialist 3 for project	Expiration

Menu

Application Search
Training Provider
Notifications
Training Course Roster
Application Processing

<u>Lead Export</u> <u>Lead Summary</u> Lead Summary Upload

Course Instructors
Inspections

Letters Reports

To-Do-List

Asbestos Hazard Abatement Project Inspection Report Ohio Department of Health

PN #: 187250 To View PDF Report, Go to PN Documents.

Building Name, Address and City: Mentor High School 6477 Center St. Mentor

Owner name: Mentor Exempted Village School Dist

Contractor: Total Environmental Services, LLC License #: AC1729

Certificate #: Name: Santos Torres Expiration:5/19/2020

PUBLIC HEALTH EMERGENCY

Items marked indicate creation of a Public Health Emergency as defined in Chapter 3701-34 of the Ohio Administrative Code (OAC) Unauthorized Dry Removal.

Abatement Activities without Engineering Controls

Breached Containment.

Abatement Activities without Containment.

Asbestos -Containing Dust or Debris Outside the Contained Work

Area

1. Prior Notification

A. Owner:

- 1 Address
- 2. Contact Person
- 3. Telephone Number

B. Abatement Contractor:

- 1. Address
- 2. Telephone Number

C. Project Sites:

- 1. County
- 2. City
- 3. Street Address
- 4. Site Location (specific)

D. Abatement Specialist:

- 1. Same as on Prior Notification
- 2. On Site

E. Dates and Hours:

- 1. Set Up Date
- 2. Abatement Date
- 3. Completion Date
- 4. Hours of Operation
- 5. Days of Operation

F. Estimate of ACM:

- 1. Linear Footage
- 2. Square Footage

2. Certification & Records, On Site

- A. Current copy of Contractor License
- B. Copy of ODH Project Agreement
- C. Current Certification Card
- D. Current Physician's Written Opinion
- E. Current Respirator Fit Test
- F. Copy of Building Inspection Report

3. Signs & Labels

- A. Warning Signs at all points of entrace
- B. "Danger" Signs posted during loading of waste
- C. "Warning" Labels on each leak-tight container
 - D. Generator Labels on outer container

4. Worker Protection & Hygiene

- A. Respirators used by all employees entering regulated area
 - B. Fit check each time the respirator is donned
 - C. Protective clothing used
 - D. All street clothing left in clean room
 - E. Work Suits/Protective Clothing intact
- F. Non-disposable clothing brought out of contained work area in sealed impermeable labeled bag
 - G. Showers used by all employees
 - H. Soap available
 - I. Hot & Cold Water
- J. No smoking, eating or drinking in contained work area
- K. Possess NEA allowing use of half-mask respirators where Class I work is being performed

5. Glove Bag Work

- A. Smoke tested for leaks prior to use
- B. Used only once and not moved
- C. Collapsed used a HEPA vacuum prior to disposal
 - D. Performed by at least two persons
 - E. Not used on surface exceeding 150 deg. F
- F. Adjacent loose and friable material wrapped in two layers of 6-mil plastic
- G. Three stage decontamination area or two stage with remote shower
 - H. Dropcloth beneath glove bag

6. Contained Work Areas

- A. Critical barriers/preseals over all openings
- B. HVAC sealed with two layers 6-mil plastic
- C. All objects within the area covered with plastic sheeting and secured with tape
- D. Impermeable dropcloths beneath all removal activities
- E. Three stage decontamination area or two stage with remote shower
- F. Minimum of -0.02 inches of water column pressure differential relative to outside pressure
- G. Containment smoke tested for leaks prior to the beginning of each shift
- H. Elecrical circuits deactivated unless equipped with ground-fault circuit interrupters

7. Repair and Encapsulation

A. Work conducted within a regulated area

8. Disposal

- A. Prompt cleanup
- B. Waste placed in impermeable leak-tight containers

9. Air Monitoring

- A. Work area adequately cleaned up prior to clearance air sampling
- B. Clearance or environmental air monitoring performed by a certified AHES, AAMT or CIH
- C. Clearance sampling by a minimum of three samples analyzed by PCM
- D. Clearance sampling by TEM conducted in accordance with 40 C.F.R. Part 763, Subpart E, Appendix Δ
- E. Personal air monitoring conducted OSHA competent person

Yes No Project meets mininum requirements of 3701-34 OAC.

Results

Cancelled Final Air Clearance Final Clean-up Gross Removal Project complete

Notice of Violation Public Health Emerg Photographs Referred to ... Reinspection

Revision Received

Post completion inspection

Samples
Pre-setup inspection

Set-up No Action Taken Vacant Warning Action Taken (after 3/1/14)

Remarks:

Inspector: Allan F. Richards, R.S.

Date of Inspection:

Date Accepted:

Time of inspection:

Report Status: Accepted

Accepted By: Mark J.S. Needham, R.S.

Updated By:

Environmental Licensing System-Internal: Framework 4.7.2 Updated September 29th, 2021 build

Postmark	Date Received	Notification No.	Receipt
	08/15/2014	201491694	261503

Ohio Department of Health

lead carefully all the instructions and questions prior to completing the notification for	orm.			
 Notifications including check shall be typed and sent to the Ohio Department of Health, A Columbus, Ohio 43215. 	Attn: Revenue Pr	ocessing, P.O. Box 15	5278,	
2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount of sixty-five	dollars(\$65.00).			
Any licensed asbestos hazard abatement contractor who performs any asbestos hazard a submit prior notifications to the Director at least ten business days before beginning eac required by Chapter 3701-34 of the Ohio Administrative Code.				
4. Type of notification Original X Revision number 3 re	evised line(s) nur	nber		
Emergency Blanket Cancellation				
5. Type of abatement involving at least 50 linear feet or 50 square feet X Removal Repair Encapsulation Enclosure	е	Renovation		
6. Owner name				
Mentor Exempted Village School Dist Address	City	<u> </u>	State	ZIP
	Mentor		OH	44060
Contact	1101101	Contact telephone n		1 11000
Jen Skulski		(440) 796-794	7	
7. License number Abatement Contractor				Expiration
AC1729 Total Environmental Services, LLC				12/04/2019
Address	City		State	ZIP
	Toledo		OH	43607
Contact		Telephone number		
Terry L. Luhring		(419) 244-6555		•
8. Certification number Name of asbestos hazard abatement specialist for project				Expiration
AS31267 Santos Torres				05/19/2020
9. Project information - Building name				
Mentor High School				1.
	City		State	County
6477 Center St. Site location (specific	Mentor		ОН	Lake
throughout the school				
10. Project Description				
Type of asbestos material X Surfacing X Mechanical Other				
Asbestos removal from X Pipe X Boiler Other				
Engineering controls X AFD X Glove bag Other				
11. Estimate of asbestos containing material:				
linear feet: 47 squar	re feet: 155	76		
12. Abatement dates				
set up: 08/04/2014 abatement: 08/04/2014	com	pletion (acm work on	ly): (08/15/2014
Shift1: 7am-6pm Shift2:	Shift3:			
Days of the Week: X Monday X Tuesday X Wednesday X	Thursday	(Friday	Saturday	Sunday
13. Approved landfill - Name				EPA permit number
American Landfill				760008
City			State	Telephone
Waynesburg			OH	(330) 866-3265
14. Name of person filing this notice			Date	
Kathy Brown			08/15/20	14

Notification no.: 201491694 Revision number: 3

Notes:	
revised days, end dates and landfill	

Certification number	Name of asbestos hazard abatement specialist 2 for project	Expiration
Certification number	Name of asbestos hazard abatement specialist 3 for project	Expiration

Postmark	Date Received	Notification No.	Receipt	
	04/07/2015	201593631	264929	

Ohio Department of Health

Read carefully all the instructions and questions prior to completing the notification	n form.		
 Notifications including check shall be typed and sent to the Ohio Department of Health Columbus, Ohio 43215. 	n, Attn: Revenue P	rocessing, P.O. Box 15278,	
2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount of sixty-five	ve dollars(\$65.00)		
 Any licensed asbestos hazard abatement contractor who performs any asbestos hazar submit prior notifications to the Director at least ten business days before beginning e required by Chapter 3701-34 of the Ohio Administrative Code. 			
4. Type of notification Original X Revision number 2	revised line(s) nu	mber	_
Emergency Blanket Cancellation			
Entergency Blanket Cancellation			
5. Type of abatement involving at least 50 linear feet or 50 square feet X Removal	ure	Renovation	
6. Owner name			
Mentor Public Schools Address	City	State	ZIP
6451 Center Strreet	Mentor	OH	44060
Contact	Tiencor	Contact telephone number	11000
Jen Skulski		(440) 974-5224	
7. License number Abatement Contractor			Expiration
AC1237 SafeAir Contractors, Inc.			08/31/2019
Address	City	State	ZIP
9342 Pinecone Drive	Mentor	OH	44060
Contact		Telephone number	
Robert J. Parks		(440) 639-1191	
8. Certification number Name of asbestos hazard abatement specialist for project	t		Expiration
AS30544 Michael Yates			06/01/2017
9. Project information - Building name			
Mentor High School			
Address	City	State	County
6477 Center Street Site location (specific	Mentor	OH	Lake
North East Corner By Gym			
10. Project Description Type of asbestos material Surfacing Mechanical Other	Transite/Glaz	zina	
Asbestos removal from Pipe Boiler Other	<u>Transite/Glaz</u>	ring	
Engineering controls AFD Glove bag Other	Regulated/W	et Remova	
11. Estimate of asbestos containing material: linear feet: squ	uare feet: 156	5	
12. Abatement dates			
set up: 04/03/2015 abatement: 04/03/2015	con	npletion (acm work only):	04/07/2015
Shift1: 800 AM-430 PM Shift2:	Shift3	:	
Days of the Week: X Monday X Tuesday Wednesday	Thursday	X Friday Saturd	lay Sunday
13. Approved landfill - Name			EPA permit number
American Landfill			76-0008
City		State	Telephone
Waynesburg		OH	(330) 866-3265
14. Name of person filing this notice		Date	
Robert Parks		04/07/	2015

Notification no.: 201593631 Revision number: 2

Notes:
**Project completed as of 3:00 PM on 4/7/15

Certification number	Name of asbestos hazard abatement specialist 2 for project	Expiration
Certification number	Name of asbestos hazard abatement specialist 3 for project	Expiration

Postmark	Date Received	Notification No.	Receipt
	06/10/2015	201594234	265298

Ohio Department of Health

lead carefully all the instructions and questions prior to completing the notification	n form.			
 Notifications including check shall be typed and sent to the Ohio Department of Health Columbus, Ohio 43215. 	h, Attn: Revenue P	rocessing, P.O. Box 15	5278,	
2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount of sixty-fit	ve dollars(\$65.00)			
 Any licensed asbestos hazard abatement contractor who performs any asbestos hazar submit prior notifications to the Director at least ten business days before beginning e required by Chapter 3701-34 of the Ohio Administrative Code. 				
4. Type of notification Original X Revision number 2	revised line(s) nu	mber		
Emergency Blanket Cancellation	, ,			
5. Type of abatement involving at least 50 linear feet or 50 square feet X Removal Repair Encapsulation Enclos	ure	Renovation		
6. Owner name				
Mentor Public Schools Address	City		Ctata	ZIP
6451 Center St	Mentor		State OH	44060
Contact	Mento	Contact telephone n	_	1 44000
Jen Skulski		(440) 974-522	24	
7. License number Abatement Contractor				Expiration
AC1237 SafeAir Contractors, Inc.				08/31/2019
Address	City		State	ZIP
9342 Pinecone Drive	Mentor		ОН	44060
Contact		Telephone number		
Robert J. Parks		(440) 639-1191		
8. Certification number Name of asbestos hazard abatement specialist for project	t			Expiration
AS30544 Michael Yates				06/01/2017
9. Project information - Building name				
Mentor High School				
Address	City		State	County
6477 Center St	Mentor		OH	Lake
Site location (specific various rooms				
10. Project Description Type of asbestos material Surfacing Mechanical Other	O 11: T11			
Type of asbestos material Surfacing Mechanical Other	Ceiling Tile			
Asbestos removal from Pipe Boiler Other	Ceiling			
Engineering controls X AFD Glove bag Other	Wet Methods	5		
11. Estimate of asbestos containing material: linear feet: squ	uare feet: 12(00		
12. Abatement dates				
set up: 06/08/2015 abatement: 06/08/2015	cor	npletion (acm work on	ly): (06/10/2015
Shift1: 730 AM-400 PM Shift2:	Shift3	:		
Days of the Week: X Monday X Tuesday X Wednesday X	Thursday	X Friday	Saturday	Sunday
13. Approved landfill - Name				EPA permit number
American Landfill				76-0008
City			State	Telephone
Waynesburg			OH	(330) 866-3265
14. Name of person filing this notice			Date	
Robert Parks			06/10/20)15

Notification no.: 201594234 Revision number: 2

Notes:	
*PROJECT COMPLETE	

Certification number	Name of asbestos hazard abatement specialist 2 for project	Expiration
Certification number	Name of asbestos hazard abatement specialist 3 for project	Expiration

Postmark	Date Received	Notification No.	Receipt
	03/24/2016	201697128	267441

Ohio Department of Health

keau	carefully all the instruction	ons and questio	ns prior to co	mpieting the n	otification	TOFM.			
1.	Notifications including chec Columbus, Ohio 43215.	ck shall be typed a	and sent to the	Ohio Departmer	nt of Health	, Attn: Revenu	e Processing, P.O. Box	15278,	
2.	Checks shall be made paya	able to: Treasurer	, State of Ohio	, for the amount	of sixty-fiv	e dollars(\$65.0	00).		
3.	Any licensed asbestos haza submit prior notifications to required by Chapter 3701-	o the Director at I	east ten busine	ss days before b			•		
4.	Type of notification	Original	X Revisio	n number	1	revised line(s)	number		
	Emergency	Blanket	Cancell	- lation					
		_							
5.	Type of abatement involvin Removal	ng at least 50 linea Repair		uare feet ulation	Enclosu	ıre	Renovation		
6.	Owner name								
-	Mentor City Schools Address					Cib.		Ctata	ZIP
	6451 Center St					City		State OH	44060
	Contact					Mentor	Contact telephone		44000
	Rick Kolar						(440) 974-5		
7	License number	Abatement Con	tractor						Expiration
'	AC1237	SafeAir Cont							08/31/2019
	Address	T Surer in Corne				City		State	ZIP
	9342 Pinecone Drive					Mentor		ОН	44060
	Contact						Telephone number	er	
	Robert J. Parks						(440) 639-11	91	
8.	Certification number	Name of asbest	os hazard abat	ement specialist	for project				Expiration
	AS30544	Michael Yat	es						06/01/2017
9.	Project information - Buildir	ng name							
	Mentor High School								
	Address					City		State	County
	6477 Center St					Mentor		OH	Lake
	Site location (specific								
\sqsubseteq	Faculty Bathrooms								
10.	Project Description	_	_	•					
	Type of asbestos materia	al Su	rfacing	Mechanical	Other	VAT			
	Asbestos removal from	Pip	e	Boiler	Other	Floor			
	Engineering controls	X AF	D Г	Glove bag	Other	Wet Metho	nds/Intact		
				<u> </u>		***************************************	, adj irrade		
11.	Estimate of asbestos contair linear feet:	ning material:			squ	are feet: 1	.00		
12. /	Abatement dates								
	set up: 03/24/2016		abatement:	03/24/2016	5		completion (acm work	only):	03/24/2016
	Shift1: 730 AM-400) PM Shift	2:			Shi	ft3:		
	Days of the Week:	Monday	Tuesday	Wedneso	day X	Thursday	Friday	Saturday	Sunday
13. /	Approved landfill - Name								EPA permit number
	American Landfill							_	76-0008
	City			<u> </u>				State	Telephone
	Waynesburg							ОН	(330) 866-3265
14.	Name of person filing this no	otice						Date	
	Robert Parks							03/24/20	016

Notification no.: 201697128 Revision number: 1

Notes:	
*Project Complete	

Certification number	Name of asbestos hazard abatement specialist 2 for project	Expiration
Certification number	Name of asbestos hazard abatement specialist 3 for project	Expiration

Postmark	Date Received	Notification No.	Receipt		
	06/26/2017	2017101674	272596		

Ohio Department of Health

Read carefully all the instructions and questions prior to completing the notification for	orm.									
 Notifications including check shall be typed and sent to the Ohio Department of Health, A Columbus, Ohio 43215. 	Attn: Revenue Pr	ocessing, P.O. Box 152	78,							
2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount of sixty-five dollars(\$65.00).										
 Any licensed asbestos hazard abatement contractor who performs any asbestos hazard a submit prior notifications to the Director at least ten business days before beginning eac required by Chapter 3701-34 of the Ohio Administrative Code. 										
4. Type of notification Original X Revision number 1 re	evised line(s) nur	nber								
Emergency Blanket Cancellation										
Emergency Blanket Cancellation										
5. Type of abatement involving at least 50 linear feet or 50 square feet X Removal Repair Encapsulation Enclosure	e 🔲	Renovation								
6. Owner name										
Mentor Public Schools Address	City	1	State	ZIP						
	Mentor		OH	44060						
Contact	Tieneoi	Contact telephone nu		11000						
rick Kolar		(440) 974-5224								
7. License number Abatement Contractor				Expiration						
AC1237 SafeAir Contractors, Inc.				08/31/2019						
	City		State	ZIP						
	Mentor		ОН	44060						
Contact		Telephone number								
Robert J. Parks		(440) 639-1191								
8. Certification number Name of asbestos hazard abatement specialist for project				Expiration						
AS31846 Richard Koller				04/01/2020						
9. Project information - Building name										
Mentor High School										
	City		State	County						
6477 Center St Site location (specific	Mentor		OH	Lake						
Art Rooms										
10. Project Description Type of asbestos material Surfacing Mechanical Other	VAT									
Asbestos removal from Pipe Boiler Other	Floor									
Engineering controls X AFD Glove bag Other	Wet Methods,	/Intact								
11. Estimate of asbestos containing material: linear feet: squar	re feet: 620									
12. Abatement dates										
set up: 06/28/2017 abatement: 06/28/2017	com	pletion (acm work only): C	7/07/2017						
Shift1: 730 AM-400 PM Shift2:	Shift3:									
Days of the Week: X Monday X Tuesday X Wednesday X	Thursday >	ζ Friday	Saturday	Sunday						
13. Approved landfill - Name				EPA permit number						
American Landfill				76-0008						
City		St	tate	Telephone						
Waynesburg			OH	(330) 866-3265						
14. Name of person filing this notice		D	ate							
Robert Parks		0	6/26/20	17						

Notification no.: 2017101674 Revision number: 1

Notes:		
*CHANGED DATES		

Certification number	Name of asbestos hazard abatement specialist 2 for project	Expiration
Certification number	Name of asbestos hazard abatement specialist 3 for project	Expiration

Menu

Application Search
Training Provider
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Training Course Roster
Application Processing

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Course Instructors
Inspections

<u>Letters</u> <u>Reports</u>

To-Do-List

Asbestos Hazard Abatement Project Inspection Report Ohio Department of Health

PN #: 263044 To View PDF Report, Go to PN Documents.

Building Name, Address and City: Mentor High School 6477 Center St Mentor

Owner name: Mentor Public Schools

Contractor: SafeAir Contractors, Inc. License #: AC1237

Certificate #: Invalid number Name: Expiration:

PUBLIC HEALTH EMERGENCY

Items marked indicate creation of a Public Health Emergency as defined in Chapter 3701-34 of the Ohio Administrative Code (OAC) Unauthorized Dry Removal.

Abatement Activities without Engineering Controls

Breached Containment.

Abatement Activities without Containment.

Asbestos -Containing Dust or Debris Outside the Contained Work

Area

1. Prior Notification

A. Owner:

- 1 Address
- 2. Contact Person
- 3. Telephone Number

B. Abatement Contractor:

- 1. Address
- 2. Telephone Number

C. Project Sites:

- 1. County
- 2. City
- 3. Street Address
- 4. Site Location (specific)

D. Abatement Specialist:

- 1. Same as on Prior Notification
- 2. On Site

E. Dates and Hours:

- 1. Set Up Date
- 2. Abatement Date
- 3. Completion Date
- 4. Hours of Operation
- 5. Days of Operation

F. Estimate of ACM:

- 1. Linear Footage
- 2. Square Footage

2. Certification & Records, On Site

- A. Current copy of Contractor License
- B. Copy of ODH Project Agreement
- C. Current Certification Card
- D. Current Physician's Written Opinion
- E. Current Respirator Fit Test
- F. Copy of Building Inspection Report

3. Signs & Labels

- A. Warning Signs at all points of entrace
- B. "Danger" Signs posted during loading of waste
- C. "Warning" Labels on each leak-tight container
 - D. Generator Labels on outer container

4. Worker Protection & Hygiene

- A. Respirators used by all employees entering regulated area
 - B. Fit check each time the respirator is donned
 - C. Protective clothing used
 - D. All street clothing left in clean room
 - E. Work Suits/Protective Clothing intact
- F. Non-disposable clothing brought out of contained work area in sealed impermeable labeled bag
 - G. Showers used by all employees
 - H. Soap available
 - I. Hot & Cold Water
- J. No smoking, eating or drinking in contained work area
- K. Possess NEA allowing use of half-mask respirators where Class I work is being performed

5. Glove Bag Work

- A. Smoke tested for leaks prior to use
- B. Used only once and not moved
- C. Collapsed used a HEPA vacuum prior to disposal
 - D. Performed by at least two persons
 - E. Not used on surface exceeding 150 deg. F
- F. Adjacent loose and friable material wrapped in two layers of 6-mil plastic
- G. Three stage decontamination area or two stage with remote shower
 - H. Dropcloth beneath glove bag

6. Contained Work Areas

- A. Critical barriers/preseals over all openings
- B. HVAC sealed with two layers 6-mil plastic
- C. All objects within the area covered with plastic sheeting and secured with tape
- D. Impermeable dropcloths beneath all removal activities
- E. Three stage decontamination area or two stage with remote shower
- F. Minimum of -0.02 inches of water column pressure differential relative to outside pressure
- G. Containment smoke tested for leaks prior to the beginning of each shift
- H. Elecrical circuits deactivated unless equipped with ground-fault circuit interrupters

7. Repair and Encapsulation

A. Work conducted within a regulated area

8. Disposal

- A. Prompt cleanup
- B. Waste placed in impermeable leak-tight containers

9. Air Monitoring

- A. Work area adequately cleaned up prior to clearance air sampling
- B. Clearance or environmental air monitoring performed by a certified AHES, AAMT or CIH
- C. Clearance sampling by a minimum of three samples analyzed by PCM
- D. Clearance sampling by TEM conducted in accordance with 40 C.F.R. Part 763, Subpart E, Appendix Δ
- E. Personal air monitoring conducted OSHA competent person

Yes No Project meets mininum requirements of 3701-34 OAC.

Results

Cancelled Final Air Clearance Final Clean-up Gross Removal Project complete

Notice of Violation Public Health Emerg Photographs Referred to ... Reinspection

Revision Received Samples Set-up Vacant

Post completion inspection Pre-setup inspection No Action Taken Action Taken (after 3/1/14)

Remarks:

Inspector: Allan F. Richards, R.S. Date of Inspection: Time of inspection:

Report Status: Accepted Date Accepted: Accepted By:

Updated By:

Warning

Environmental Licensing System-Internal: Framework 4.7.2 Updated September 29th, 2021 build

Postmark	Date Received	Notification No.	Receipt
	08/03/2017	2017102477	273521

Ohio Department of Health

Read carefully all the instructions and questions prior to completing the notification	n form.									
 Notifications including check shall be typed and sent to the Ohio Department of Healt Columbus, Ohio 43215. 	h, Attn: Revenue P	rocessing, P.O. Box 152	278,							
2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount of sixty-five dollars(\$65.00).										
 Any licensed asbestos hazard abatement contractor who performs any asbestos hazar submit prior notifications to the Director at least ten business days before beginning or required by Chapter 3701-34 of the Ohio Administrative Code. 										
4. Type of notification Original X Revision number 1	revised line(s) nu	mber								
Emergency Blanket Cancellation										
5. Type of abatement involving at least 50 linear feet or 50 square feet X Removal Repair Encapsulation Enclos	ure	Renovation								
6. Owner name										
Mentor Public Schools	City		Ctata	ZIP						
Address 6451 Center St	City Mentor		State OH	44060						
Contact	Mentor	Contact telephone nu		1 44000						
rick Kolar		(440) 974-5224	ļ.							
7. License number Abatement Contractor				Expiration						
AC1237 SafeAir Contractors, Inc.				08/31/2019						
Address	City		State	ZIP						
9342 Pinecone Drive	Mentor		ОН	44060						
Contact Delta La Da La		Telephone number								
Robert J. Parks		(440) 639-1191								
8. Certification number Name of asbestos hazard abatement specialist for project	t			Expiration						
AS31481 Michael Hines				03/21/2020						
9. Project information - Building name										
Mentor High School	Leu		CL I	1						
Address 6477 Center St	City Mentor		State OH	County Lake						
Site location (specific	Ментон		OH	Lake						
Room off of Main Corridor										
10. Project Description										
Type of asbestos material Surfacing Mechanical Other	VAT/ADH									
Asbestos removal from Pipe Boiler Other	Floor			_						
Engineering controls X AFD Glove bag Other	Wet Methods	s/HEPA								
11. Estimate of asbestos containing material: linear feet: sq	uare feet: 112	20								
12. Abatement dates										
set up: 07/31/2017 abatement: 07/31/2017	cor	npletion (acm work only	/): (08/14/2017						
Shift1: 730 AM-400 PM Shift2:	Shift3	:								
Days of the Week: X Monday X Tuesday X Wednesday X	Thursday	X Friday	Saturday	Sunday						
13. Approved landfill - Name				EPA permit number						
American Landfill				76-0008						
City		S	tate	Telephone						
Waynesburg			OH	(330) 866-3265						
14. Name of person filing this notice			ate							
Robert Parks		0	8/03/20	17						

Notification no.: 2017102477 Revision number: 1

Notes: PROJECT ON HOLD WAITING ON FINAL AIR RESULTS

Certification number	Name of asbestos hazard abatement specialist 2 for project	Expiration
Certification number	Name of asbestos hazard abatement specialist 3 for project	Expiration



Notification of Demolition and Renovation/Abatement Section 1: General Information

Division of Air Pollution Control

Work on projects cannot begin until 10 working days after a COMPLETE original notification form, **including payment**, is submitted to Ohio EPA. Instructions and a worksheet for fee calculation are available at epa.ohio.gov/asbestos. This form can be completed, and payment made, at ebiz.epa.ohio.gov. Questions? asbestos@epa.ohio.gov or 614-466-0061

Onio EPA Use Only	Notification #:100404	4	Postmarked) :	Received: 7/2/2018		Hand-Delivered	
. Notification	n Information (Check a	ll that apply)			1			
Original	Revision # (count): 4	Installation	Emergency	Annual	Cancellation	on Proj	ject County: LAKE	
NESHAP Re	esidential Exemption				-			
2. Owner, Asl Owner	pestos Abatement Con	tractor, Billing, a	nd Fire Depar	tment Inform	ation		Revised	
Name: Mentor F	Public Schools					Is this a cor	mpany? Yes	
Address: 6451 (Center Street,			C	ontact Person: Rick I	Kolar		
City: Mentor			S	State: OHIO		Zip: 4	4060	
Email: kolar@m	nentorschools.org		F	Phone: (440)	974-5224	Fax: ((440) 255-5239	
sbestos Abater	ment Contractor (if applic	able)						
Name: SafeAir	Contractors, Inc.			Licen	nse #: AC1237		Expiration Date: 8/31/2022	
Address: 9342 I	Pinecone Drive,			Co	ontact Person: Steve	Yates		
City: Mentor			S	State: OHIO		Zip:44	060	
Email: na@na.c	com		F	Phone: (440) 6	39-1191	Fax: ((440) 639-1194	
Billing Contact (E	Entity paying for original	notification)						
		vner, Asbestos A	Abatement Conf		emolition Contractor (if		on)?	
Address: 9342 I	Pinecone Drive,			C	ontact Person: Steve	Yates		
City: Mentor			5	State: OHIO		Zip: 4	4060	
Email:			F	Phone: (440) 6	39-1191	Fax: ((440) 639-1194	
<i>-ire Department</i> Name:	(if applicable)					`		
Address: ,				С	ontact Person:			
City:			5	State:	omacr crocm	Zip:		
Email:			F	Phone: () -			Fax: () -	
Ohio Asbes	stos Hazard Evaluation	Specialist and E	valuation Pro	cedure			Revised	
Evaluation Spec	cialist: Scott Landis			Certifica	ation #: ES31801	Expi	ration Date: 8/26/2022	
Procedure, inclu (RACM) and Ca Below):	uding analytical methods ategory I and Category II	s, employed to dete non-friable asbes	ect the present toscontaining i	ce of and to ematerial: PLI	stimate the quantity of M Point Count	of regulated a TEM	asbestoscontaining material Other Method (Explain	
	s to be followed should						Revised	
Stop Work an Wet	nd Keep Evacuate	area Demarca	ate area Co	ontact licensed	d abatement contract	or Contac authority	ct district office/local air	
Other (Explain	n):	I				I		
Planned De	emolition (check all tha	t apply)					Revise	
Describe demol	ition work to be performe	ed and method(s)			•			
Implosion Description of af	Fire Training Wet Note that the Fire Training Wet Note the Fire Training W		al Demolition nt if necessary)		al Demolition Oth	ner (Explain):	-	
Description of an Demolition Attac	· · ·	,ordao attaorime		, .				
remonition Attac	mment.							



Notification of Demolition and Renovation/Abatement Section 1: General Information Division of Air Pollution Control

6. Asbestos Description For the material listed in ea	and Engineering Con	trols (if asbestos	is being abated)	eering controls a	nd work practices to be used	Revised?	
emissions and ensure prop	er waste handling:				The Work practices to be used		
Type of ACM to be abated:	Surfacing	Mechanical	Other: n/A				
Engineering Controls:	Wet Methods	Glove Bag	NPE	AFD	Other:	·	
Work Practices:	Intact Removal	Manual	Mechanical	Other:			
7. Asbestos Waste Trans	sporter (if applicable)					Revised?	
Transporter Name: The Per	nnOhio Corporation						
Address: 4813 Woodman A	venue,		Cor	ntact Person: Ru	iss Nank		
City: Ashtabula			State: OHIO		Zip: 44004		
Email: rnank@pennohiowa	ste.com		Phone: (440) 99	2-7906	Fax: (440) 992-9462	2	
Transporter Name: Safeair	Contractors						
Address: 9342 Pinecone Di	rive,		Cor	ntact Person: Ro	bert Parks		
City: Mentor			State: OHIO		Zip: 44060		
Email: bparks@safeairinc.c	om		Phone: (440) 63	9-1191	Fax: (440) 639-1194	4	
O Ashastas Wasta Dian	and Site (if applicable					Dovinod	
8. Asbestos Waste Dispo Name: American Landfill In	<u> </u>	<i>!</i>)				Revised?	
Address: 7916 Chapel St S	E,		Cor	ntact Person: Dis	spatch Dispatch		
City: Waynesburg			State: OHIO		Zip: 44688		
Email: na@na.com			Phone: (330) 86	66-3265	Fax: (330) 866-7114	4	
9. Emergency Demolition	n (complete if you ch	ecked "Emergenc	 cv" above and "De	amolition" for a	ny nroject)	Revised?	
A copy of the issued order,						110110001	
Government Official Issuing	Order:		Title:				
Agency:			Authority of O	rder (Citation of	Code):		
Date of Order:			Demolition Date:				
Issued Order Document:							
	on/Abatement (comple	te if you checked "			on/Abatement" for any projec	t) Revised?	
Date of Emergency:			Time of Emer	gency:			
Description of Sudden, Une	xpected Event:						
Explanation of how the ever	nt caused unsafe condi	tions or equipment	damage:				
General Notification Attachn	nents: ŞafeAir - Ridge .	Junior High, 7860 .	Johnnycake Ridge	Rd, Mento; Safe	eAir Contractors-6477 Center er St., Mentor.pdf; SafeAir-Mei	St., Mentor, Rev	
	860 Johnnycake Ridge	Rd., Mentor, Rev	1; SafeAir Contrac	tors-64// Cente	er St., Mentor.pdf; SafeAir-Mei	ntor HS, 6477	
11. Attestation In accordance with Ohio Ac 37452004 of the Administratalse or misleading statement	Iministrative Code rule ative Code will supervisents is prohibited by law	3745 20 03 (A)(4) e the stripping and and I certify that f)(p), I certify that at I removal described facts contained in the	t least one perso d by this notificat his notification ar	on trained as required by paragion. I acknowledge that the sire true, accurate, and complet	graph (B) of rule ubmission of e.	
Signature:				Date:	7/2/2018		
Name: Steve Yates		Title: Environmental Manager					
Organization: SafeAir Conti	rators. Inc.						



Notification of Demolition and Renovation/Abatement Section 2: Project Address Specific Information

Division of Air Pollution Control

Protection Agency
Please complete Section 2 for the address included with this notification. If the project is an "Installation" per OAC 3745-20, complete a separate Section 2 page for each address associated with this notification.

Ohio EPA Use Onl	y	P	roject ID	#: 100404 -	· 1			
A. Facility Desci	ription	1						Revised
	applicable): Mentor High S	chool		Site Location	n (specific): B-	203		
Address: 6477 Ce	enter Street,			L				
City: Mentor				State:	ОН	Zip: 44060		
Building Size (sau	are feet): 391620.0			No. of Floor	·s·2	Age (years): 50 0	
Present Use: Scho	, aal			Prior Use: S		7.190 () 04.10	,.	
Present Use: Scho				Phor Use: 3	SCHOOL			
71	ation (check all that appl			D '-	Farancia de la	tere - Freder		Revised?
Demolition	Renovation / Abat	ement – Type: R	temoval	Repair	Encapsulat	ion Enclos	ure	
. Asbestos Pre	esent? (check one)							Revised?
Yes	No	No, previously abate	ed	Year A	bated:			
). Approximate	Amount of AsbestosCon	taining Materials (comple	te table bel	ow and Section	n 1 #6 if asbe	stos is present)	Revised
-	RACM	Material to be Remo Non-friable Asbes	<u>ved</u> stos-Con	taining Mate	erial	Mate Non-friable	erial NOT to be Ren e Asbestos-Contain	noved ing Material
Pipes (linear	RACIVI	Category I		Category	/ II	Category	I (Category II
feet)	0.0	0.0		0.0		0.0		0.0
Surface area on other								
facility components (ft²)	162.0	1467.0		0.0		0.0		0.0
Volume if length or area cannot be measured (ft³)	0.0		,		·		·	
Asbestos Aba Setup Date:	atement Schedule and Al 6/4/2018	patement Specialis Abatemer			is required 10		rior to the start of wo. Date: 6/29/2018	rk) Revised?
Abatement Speci	ialist Name: Richard Koller	Certification	n #: AS3	1846		Expiration	n Date: 4/1/2022	
Monday 7:30 to 16:0	Tuesday 7:30 to 16:0	Wednesday 7:30 to 16:0		oursday 0 to 16:0	Frida 7:30 to		Saturday	Sunday
. Demolition C	ontractor (if applicable)							Revised?
Name:	<u> </u>							
Address:,					Contact Persor	า:		
City:			5	State:			Zip:	
Email:			F	Phone: () -			Fax: () -	
6. Demolition Se	chedule (original notifica	tion is required 10	workin	g days prio	r to the start o	of work)		Revised
Start Date:				Complete				
I. Project Hold								Revised
Asbestos Offsite/On Hold as of Date: 6/5/2018					Asbestos On Site/Off Hold, Work Resume Date: 6/27/2018			
Demolition Offsite/On Hold as of Date:				Demolition On Site/Off Hold, Work Resume Date:				



Notification of Demolition and Renovation/Abatement Section 2: Project Address Specific Information Division of Air Pollution Control

Please complete Section 2 for the address included with this notification. If the project is an "Installation" per OAC 3745-20, complete a separate Section 2 page for each address associated with this notification.

Ohio EPA Use O	nly	Proje	ct ID	#: 100404 -	2				
A. Facility Des	crintian	'							Revised?
Building Name (i	if applicable): Ridge Jun	ior High	(Site Locatio and Shop	n (specific): Offic	ce, 140, 14	4, 135, 133,	Band Room	
Address: 7860 J	ohnncake Ridge Road,								
City: Mentor			,	State:	ОН	Zip: 4406	0		
Building Size (so	quare feet): 91288.0		1	No. of Floor	s:1	Age (year	rs): 51.0		
Present Use: Sc	hool		ı	Prior Use: S	chool				
B. Type of Ope	eration (check all that a	apply)							Revised?
Demolition		Abatement – Type: Rem	oval	Repair	Encapsulatio	n Enclo	sure		
C. Asbestos P	resent? (check one)								Revised?
Yes	No	No, previously abated		Year Ab	oated:				
D. Approximat	e Amount of Asbestos	Containing Materials (con Material to be Removed	nplet	e table belo	w and Section	1 #6 if asb	estos is pro	esent) b be Remove	Revised?
	RACM	Non-friable Asbestos Category I	-Cont	aining Mate Category	rial	Non-friab Category	le Asbestos-	-Containing	Material egory II
Pipes (linear feet)	8.0	0.0		0.0	"	0.0	, .		0.0
Surface area on other facility components (ft²)	5386.0	7038.0		0.0		0.0		(0.0
Volume if length or area cannot be measured (ft³)	0.0				,				
	batement Schedule an e: 5/14/2018	d Abatement Specialist (c Abatement Da			is required 10 wo		prior to the st e Date: 6/13		Revised?
Abatement Spe	cialist Name: Richard K	oller Certification #:	AS31	846		Expiration	on Date: 4/1/	/2022	
Monday 7:30 to 16:0	Tuesday 7:30 to 16:0	Wednesday 7:30 to 16:0		ırsday to 16:0	Friday 7:30 to 16	:0	Saturday		Sunday
F. Demolition	Contractor (if applicab	······							Revised?
Name:		•							
Address:,				(Contact Person:				
City:			St	ate:			Zip:		
Email:			Pl	none: () -			Fax: () -		
G. Demolition	Schedule (original not	ification is required 10 wo	rking	days prio	to the start of	work)			Revised?
Start Date:				Complete	Date:				
H. Project Hole									Revised
Asbestos Offsite	e/On Hold as of Date:			Asbestos On Site/Off Hold, Work Resume Date:					
Demolition Offsite/On Hold as of Date:				Demolition On Site/Off Hold, Work Resume Date:					



Notification of Demolition and Renovation/Abatement Section 1: General Information

Division of Air Pollution Control

Work on projects cannot begin until 10 working days after a COMPLETE original notification form, **including payment**, is submitted to Ohio EPA. Instructions and a worksheet for fee calculation are available at epa.ohio.gov/asbestos. This form can be completed, and payment made, at ebiz.epa.ohio.gov. Questions? asbestos@epa.ohio.gov or 614-466-0061

Ohio EPA Use Only	Notification #:116179	9	Postmarke	ed:	Received: 4/17/2019		7/2019	Hand-Delivered
1. Notification	Information (Check a	II that apply)						
	Revision # (count): 0	Installation	Emergency	Annual		Cancellati	on Pro	pject County: LAKE
NESHAP Res	sidential Exemption							
2. Owner, Asb	estos Abatement Con	tractor, Billing, a	nd Fire Depa	artment Info	rmation			Revised?
Name: Mentor P	ublic Schools						Is this a co	mpany? Yes
Address: 6451 C	enter Street,				Contac	Person: Rick	Kolar	
City: Mentor				State: OHIC)		Zip:	44060
Email: kolar@me	entorschools.org			Phone: (44	0) 974-5	224	Fax:	(440) 255-5239
Asbestos Abatem	nent Contractor (if applic	able)						
Name: SafeAir C				Lic	ense #:	AC1237		Expiration Date: 8/31/2022
Address: 9342 P	inecone Drive,				Contact	Person: Bob P	arks	
City: Mentor				State: OHIC)		Zip:4	4060
Email: bparks@s	safeairinc.com			Phone: (440) 639-11	191	Fax:	(440) 639-1194
Billing Contact (Ei	ntity paying for original	notification)						
Is this contact as	sociated with the Ov	vner, Asbestos A	Abatement Co	ntractor, or	Demoliti	on Contractor (i	f not installat	tion)?
Address: 9342 P	inecone Drive,				Contac	Person: Bob I	Parks	
City: Mentor				State: OHIC)		Zip:	44060
Email: bparks@s	safeairinc.com			Phone: (440) 639-11	191	Fax:	(440) 639-1194
Fire Department (if applicable)							
Name:								
Address:,					Contac	t Person:		
City:				State:			Zip:	
Email:				Phone: () -			Fax:	() -
	tos Hazard Evaluation	Specialist and E	Evaluation P			. =00.1001		Revised
•	ialist: Scott Landis					#: ES31801	'	iration Date: 8/26/2022
Procedure, include (RACM) and Cat Below):	ding analytical methods egory I and Category II	s, employed to deto non-friable asbes	ect the prese stoscontaining	nce of and to material: I	estimat PLM	e the quantity Point Count	of regulated TEM	asbestoscontaining material Other Method (Explain
4. Procedures	to be followed should	unexpected RA	CM be disco	vered (chec	k all tha	t apply)		Revised
Stop Work and Wet	d Keep Evacuate	area Demarca	ate area (Contact licen	sed aba	ement contrac	tor Conta authority	ict district office/local air /
Other (Explain): AHES will review the	situation and prop	per response	action will be	e taken			
5. Planned Dei	molition (check all tha	t apply)						Revised*
	tion work to be performe	ed and method(s)		-		•	to be used:	
-			ual Demolition		ical Den	nolition Otl	ner (Explain):
	ected facility components	s (include attachme	ent it necessar	y):				
Demolition Attach	iment:							



Notification of Demolition and Renovation/Abatement Section 1: General Information Division of Air Pollution Control

Protection Agency Asbestos Description	and Engineering Con	trole (if achaetos	is heing abated)			Revised?
For the material listed in ea emissions and ensure prop	ich project, describe the	e type(s) of ACM to	be abated, engine	eering controls ar	nd work practices to be use	
Type of ACM to be	Surfacing	Mechanical	Other:			
abated: Engineering Controls:	Wet Methods	Glove Bag	NPE	AFD	Other:	
Work Practices:	Intact Removal	Manual	Mechanical	Other:		
7. Asbestos Waste Trans	sporter (if applicable)		<u> </u>	1		Revised?
Transporter Name: Penn O	hio / EAP					
Address: 4813 Woodman Avenue,			Contact Person: Russ Nank			
City: Ashtabula			State: OHIO Zip: 44004			
Email: mank@pennohiowaste.com			Phone: (440) 992-7906		Fax: () -	
B. Asbestos Waste Disp	osal Site (if applicable)				Revised?
Name: American Landfill In		·)				- Itoviocu i
Address: 7916 Chapel St SE,			Co	Contact Person: Becky Reugg		
City: Waynesburg			State: OHIO	State: OHIO		
Email: rruegg@wm.com			Phone: () -		Fax: () -	
9. Emergency Demolitio	n (complete if you che	ecked "Emergenc	y" above and "De	emolition" for a	ny project)	Revised?
A copy of the issued order,					<u> </u>	
Government Official Issuing Order:			Title:			
Agency:			Authority of Order (Citation of Code):			
Date of Order:			Demolition Date:			
Issued Order Document:			<u> </u>			
10. Emergency Renovation	on/Abatement (comple	te if you checked '			on/Abatement" for any proj	ject) Revised?
Date of Emergency:			Time of Emergency:			
Description of Sudden, Une	xpected Event:					
Explanation of how the ever	nt caused unsafe condit	tions or equipment	damage:			
General Notification Attachr	ments:					
11. Attestation						
In accordance with Ohio Ac 37452004 of the Administra false or misleading stateme	dministrative Code rule ative Code will supervise ents is prohibited by law	3745 20 03 (A)(4 e the stripping and and I certify that f)(p), I certify that a I removal described acts contained in the	t least one perso d by this notificati his notification ar	n trained as required by pa ion. I acknowledge that the e true, accurate, and comp	ragraph (B) of rule submission of lete.
Signature: Submitted Online via eBiz				Date: 4/17/2019		
Name: Steve Yates			Title: Environmental Mgr.			
Organization: SafeAir Cont	ractors, Inc.					



Ohio EPA Use Or	aly	P	roject ID	#: 116179 -	1			
A. Facility Desc	rintion	I						Revised?
Building Name (if	applicable): Mentor Hig	h School		Site Locatio	n (specific): A an	id B wings		- Neviseu i
Address: 6477 C	enter St,							
City: Mentor				State:	OH	Zip: 44060		
	uare feet): 391620.0			No. of Floor		'		
	,					Age (years): 51.0		
Present Use: Hig	h School			Prior Use: H	ligh School			
	ration (check all that a	1 1 7 /						Revised?
Demolition	Renovation / A	Abatement – Type: R	emoval	Repair	Encapsulation	n Enclosure		
C. Asbestos Pr	esent? (check one)							Revised?
Yes	No	No, previously abate	ed	Year Ab	oated:			
D. Approximate	Amount of Asbestos	⊥ Containing Materials (comple	te table belo	w and Section	1 #6 if asbestos is p	resent)	Revised?
	DAOM	Material to be Remo		taining Mate	rial	Material NOT Non-friable Asbesto	to be Removed	∄ Material
Dinos (linosr	RACM	Category I		Category	ii i	Category I	Cateo	gory II
Pipes (linear feet)	0.0	0.0		0.0		0.0	0.	.0
Surface area on other facility components (ft²)	4140.0	0.0		0.0		0.0	0.	.0
Volume if length or area cannot be measured (ft³)	0.0		'		,			
	patement Schedule and :: 5/28/2019	d Abatement Specialis Abatemen			is required 10 wo	rking days prior to the Complete Date: 6/2		Revised?
Abatement Spec	cialist Name: Richard Ko	oller Certification	n #: AS3	1846		Expiration Date: 4/	1/2022	
Monday 7:0 to 15:30	Tuesday 7:0 to 15:30	Wednesday 7:0 to 15:30		ursday to 15:30	Friday 7:0 to 15:3	Saturda 0	y \$	Sunday
F. Demolition C	Contractor (if applicabl	e)						Revised?
Name:								
Address: ,				(Contact Person:			
City:			S	state:		Zip:		
Email:			F	Phone: () -		Fax: () -		
G. Demolition S	Schedule (original noti	fication is required 10	working	g days prio	to the start of	work)		Revised?
Start Date:				Complete				
H. Project Hold								Revised
Asbestos Offsite	On Hold as of Date:			Asbestos (On Site/Off Hold,	Work Resume Date:		
Demolition Offsit	e/On Hold as of Date:			Demolition	On Site/Off Hold	d, Work Resume Date	 9:	



Division of Air Pollution Control

Ohio EPA Use Only	Notification #:10752	5	Postmark	ed:		Received: 6/5	5/2019	Hand-Delivered
1. Notification	Information (Check a	ill that apply)						
	Revision # (count): 2	Installation	Emergency	y Annua	l	Cancellat	ion Pro	ject County: LAKE
NESHAP Res	sidential Exemption						I	
2 Owner Ash	estos Abatement Cor	tractor Billing an	nd Fire Den	artment info	rmatio	n		Revised?
Owner		itractor, Dinnig, an	ia i iie bepi		matio	II		ineviseu i
Name: Mentor P	ublic Schools						Is this a co	mpany? Yes
Address: 6451 C	enter Street,				Contac	ct Person: Rick	Kolar	
City: Mentor				State: OHIC)		Zip: 4	14060
Email: kolar@me	entorschools.org			Phone: (44	0) 974-	5224	Fax:	(440) 255-5239
	nent Contractor (if applie	cable)	l					
Name: SafeAir C	Contractors, Inc.			Lie	cense #	: AC1237		Expiration Date: 8/31/2022
Address: 9342 P	inecone Drive,				Contac	t Person: Bob F	Parks	
City: Mentor				State: OHIO)		Zip:44	1060
Email: bparks@s	safeairinc.com			Phone: (440	0) 639-1	191	Fax:	(440) 639-1194
Billing Contact (El	ntity paying for original	notification)	ļ				ļ	
Is this contact as	sociated with the O	wner, Asbestos Al	batement Co	ontractor, or	Demolit	tion Contractor (if not installat	ion)?
Address: 9342 P	inecone Dr,				Contac	ct Person: Robe	ert Parks	
City: Mentor				State: OHIC)		Zip: 4	14060
Email: bparks@s	safeairinc.com			Phone: (440	0) 639-1	191	Fax:	(440) 639-1194
Fire Department (if applicable)							
Name:								
Address: ,					Contac	ct Person:		
City:				State:			Zip:	
Email:				Phone: () -			Fax:	() -
3. Ohio Asbes	tos Hazard Evaluation	n Specialist and E	valuation P					Revised?
	ialist: Scott Landis					#: ES31801		ration Date: 8/26/2022
Procedure, include (RACM) and Cat Below):	ding analytical methods egory I and Category I	s, employed to dete I non-friable asbest	ect the prese coscontaining	nce of and to g material:	estima PLM	te the quantity Point Count	of regulated TEM	asbestoscontaining material Other Method (Explain
4. Procedures	to be followed should	d unexpected RAC	CM be disco	vered (chec	k all th	at apply)		Revised?
Stop Work and Wet	d Keep Evacuate	area Demarca	ite area (Contact licen	sed aba	atement contrac	ctor Conta authority	ct district office/local air
Other (Explain):	I	I				L	
5. Planned Dei	molition (check all tha	at apply)						Revised?
Describe demolit	tion work to be perform	ed and method(s) to			•			
	Fire Training Wet ected facility component		al Demolition		nical De	molition Ot	her (Explain)	:
· ·	<u>_</u>	a (include attachiller	ii ii iiecessal	у).				
Demolition Attach	inent.							



Protection Agency 6. Asbestos Description	and Engineering Con	trols (if asbestos	s is being abated	1)		Revised ⁴
For the material listed in ea emissions and ensure prop	ich project, describe the er waste handling:	type(s) of ACM to	o be abated, engi	neering controls a	and work practices to be use	ed to minimize
Type of ACM to be abated:	Surfacing	Mechanical	Other:			
Engineering Controls:	Wet Methods	Glove Bag	NPE	AFD	Other:	
Work Practices:	Intact Removal	Manual	Mechanic	al Other:	-	
7. Asbestos Waste Tran	<u> </u>		-			Revised
Transporter Name: The Pe	nnOhio Corporation					
Address: 4813 Woodman A	Ave,		C	Contact Person: Ru	uss Nank	
City: Ashtabula			State: OHIO		Zip: 44004	
Email: rnank@pennohiowa	ste.com		Phone: (440)	992-7906	Fax: () -	
3. Asbestos Waste Disp	osal Site (if applicable)	•			Revised
Name: American Landfill In	С	•				
Address: 7916 Chapel St S	E,		С	Contact Person: Be	ecky Ruegg	
City: Waynesburg			State: OHIO		Zip: 44688	
Email: na@na.com			Phone: (330)	866-3265	Fax: (440) 992-94	462
9. Emergency Demolitio	n (complete if you che	ecked "Emergend	cv" above and "l	Demolition" for a	ny project)	Revised
A copy of the issued order,						
Government Official Issuing	Order:		Title:			
Agency:			Authority of	Order (Citation of	Code):	
Date of Order:			Demolition I	Date:		
Issued Order Document:						
10. Emergency Renovation	on/Abatement (comple	te if you checked			ion/Abatement" for any pro	ject) Revised
Date of Emergency:			Time of Em	ergency:		
Description of Sudden, Une	xpected Event:					
Explanation of how the ever	nt caused unsafe condit	ions or equipment	t damage:			
General Notification Attachr	ments:					
I1. Attestation						
In accordance with Ohio Ac 37452004 of the Administra false or misleading stateme	dministrative Code rule ative Code will supervise ents is prohibited by law	3745 20 03 (A)(4 e the stripping and and I certify that f	()(p), I certify that d removal describ facts contained in	at least one personed by this notification a	on trained as required by pa tion. I acknowledge that the re true, accurate, and comp	ragraph (B) of rule submission of olete.
Signature: Submitted Onlin	ne via eBiz			Date:	6/5/2019	
Name: Steve Yates			Title: Enviro	onmental Mgr.		
Organization: SafeAir Cont	ractors, Inc.					



·						_	
Ohio EPA Use Oi	nly		Project ID	#: 107525 -	1		
A. Facility Des	cription					<u> </u>	Revised?
	f applicable): Mentor Hi	gh School		Site Locatio	n (specific): B-20)3	
Address: 6477 C	Center St.,						
City: Mentor				State:	OH	Zip: 44060	
'	juare feet): 391620.0			No. of Floor	2	'	
	, , , , , , , , , , , , , , , , , , ,					Age (years): 50.0	
Present Use: Sch	hool			Prior Use: S	School		
B. Type of Ope	eration (check all that	apply)	'				Revised?
Demolition	Renovation /	Abatement – Type:	Removal	Repair	Encapsulation	n Enclosure	
C. Asbestos Pr	resent? (check one)						Revised?
Yes	No	No, previously aba	ated	Year Al	oated:		
D. Approximate	e Amount of Asbestos	_ Containing Materials	(complet	te table belo	ow and Section	1 #6 if asbestos is p	present) Revised?
		Material to be Rem Non-friable Asbe	noved			Material NOT	to be Removed s-Containing Material
	RACM	Category I	23103-0011	Category	/	Category I	Category II
Pipes (linear feet)	0.0	0.0		0.0		0.0	0.0
Surface area on other							
facility	120.0	0.0		0.0		0.0	0.0
components (ft²)							
Volume if length or area							
cannot be measured (ft³)	0.0						
, , ,							
	batement Schedule ar				is required 10 wo		
Setup Date	e: 12/26/2018	Abateme	ent Date: [*]	12/26/2018		Complete Date: 8/1	7/2019
Abatement Spe	cialist Name: Richard K	Coller Certification	on #: AS3	1846		Expiration Date: 4/	1/2022
Monday	Tuesday	Wednesday		ursday	Friday	Saturda	y Sunday
7:0 to 16:30	7:0 to 16:30	7:0 to 16:30	7:0	to 16:30	7:0 to 16:3	80	
	Contractor (if applicat	ile)					Revised?
Name:					_		
Address: ,					Contact Person:		
City:			S	state:		Zip:	
Email:			P	hone: () -		Fax: () -	
G. Demolition S	Schedule (original not	ification is required 1	0 working	g days prio	r to the start of	work)	Revised?
Start Date:		-		Complete	Date:	-	
H. Project Hold	1						Revised
Asbestos Offsite	e/On Hold as of Date: 6/	4/2019		Asbestos (On Site/Off Hold,	Work Resume Date:	
Demolition Offsit	te/On Hold as of Date:			Demolition	On Site/Off Hold	d, Work Resume Date	



Division of Air Pollution Control

Ohio EPA Use Only	Notification #:142128	3	Postmark	red:		Received: 6/25	5/2020	Hand-Delivered
1. Notification	Information (Check al	II that apply)						
	Revision # (count): 4	Installation	Emergenc	y Annua	ı	Cancellatio	n Pro	ject County: LAKE
NESHAP Res	sidential Exemption							
2. Owner, Asb	estos Abatement Con	tractor, Billing, a	nd Fire Dep	artment Info	rmatio	n		Revised?
Owner Name: Mentor P	ublic Schools						la thia a sar	mnony? Voc
Address: 6451 C	anter Street				Contac	ct Person: Rick K	Is this a cor	mpany? Yes
	enter Street,			0		CT CISOTI. INICK IN		14000
City: Mentor				State: OHIO) 		ZIP: 4	14060
Email: kolar@me	entorschools.org			Phone: (44	0) 974-	5224	Fax:	(440) 255-5239
	ent Contractor (if applic	able)		lı:		. AC4007	· · · · · · · · · · · · · · · · · · ·	Funitables Date: 0/04/0000
Name: SafeAir C	ontractors, Inc.					: AC1237		Expiration Date: 8/31/2022
Address: 9342 P	inecone Drive,			•	Contac	t Person: Steve `	Yates	
City: Mentor				State: OHIO)		Zip:44	-060
Email: syates@s	afeairinc.com			Phone: (440	0) 639-1	191	Fax:	(440) 639-1194
Billing Contact (El	ntity paying for original	notification)						
Is this contact as	sociated with the Ov	vner, Asbestos A	Abatement Co	ontractor, or	Demoli	tion Contractor (if	not installati	on)?
Address: 9342 P	inecone Drive,				Contac	ct Person: Bob P	arks	
City: Mentor				State: OHIO)		Zip: 4	14060
Email: bparks@s	safeairinc.com			Phone: (440	0) 639-1	191	Fax:	(440) 639-1194
Fire Department (if applicable)							
Name:								
Address:,					Contac	ct Person:		
City:				State:			Zip:	
Email:				Phone: () -			Fax:	·
	tos Hazard Evaluation ialist: Scott Landis	Specialist and E	Evaluation P		ification	#: ES31801	Expi	Revised? ration Date: 8/26/2022
		, employed to det non-friable asbes	ect the prese toscontaining	ence of and to g material:	o estima PLM	ate the quantity o Point Count	f regulated TEM	asbestoscontaining material Other Method (Explain
4. Procedures	to be followed should	I unexpected RA	CM be disco	overed (chec	ck all th	at apply)		Revised?
Stop Work and Wet	d Keep Evacuate	area Demarca	ate area	Contact licen	sed aba	atement contracto	or Contac authority	ct district office/local air
Other (Explain): An AHES will review	the situation and p	proper respo	nse action w	ill be tak	cen	•	
5. Planned Dei	molition (check all tha	t apply)						Revised?
	tion work to be performe	ed and method(s)			-		to be used:	
-	Fire Training Wet Nected facility components		ual Demolition ent if necessa		nical De	molition Oth	er (Explain)	:
Demolition Attach	ment:							



6. Asbestos Description	and Engineering Con	trols (if asbestos	is being abated)			Revised?
For the material listed in ea emissions and ensure prop	ach project, describe the per waste handling:	type(s) of ACM to	o be abated, engin	eering controls ar	nd work practices to be used to	o minimize
Type of ACM to be abated:	Surfacing	Mechanical	Other: Flo	or tile & adhesive		
Engineering Controls:	Wet Methods	Glove Bag	NPE	AFD	Other:	
Work Practices:	Intact Removal	Manual	Mechanica	l Other:		
. Asbestos Waste Tran	sporter (if applicable)	,				Revised?
Transporter Name: Safeair	Contractors					
Address: 9342 Pinecone D	rive,		Co	ntact Person: Ro	bert Parks	
City: Mentor			State: OHIO		Zip: 44060	
Email: bparks@safeair.con	n		Phone: (440) 63	39-1191	Fax: (440) 639-1194	
Transporter Name: Penn C	Ohio / EAP		-			
Address: 4813 Woodman A	Avenue,		Co	ntact Person: Ru	ss Nank	
City: Ashtabula			State: OHIO		Zip: 44004	
Email: rnank@pennohiowa	aste.com		Phone: (330) 99	92-7906	Fax: () -	
B. Asbestos Waste Disp	osal Site (if applicable)				Revised?
Name: Republic Services (11011000
Address: 3619 Gracemont	Ave SW,		Co	ntact Person: Tin	n Vandersal	
City: East Sparta			State: OHIO		Zip: 44626	
Email: tvandersal@republic	cservices.com		Phone: (330) 8	74-3855	Fax: () -	
). Emergency Demolitio	on (complete if you che	cked "Emergeng	v" above and "D	emolition" for a	ny project)	Revised?
A copy of the issued order,					., projecty	
Government Official Issuing	g Order:		Title:			
Agency:			Authority of C	Order (Citation of	Code):	
Date of Order:			Demolition D	ate:		
Issued Order Document:						
	on/Abatement (comple	e if you checked '			on/Abatement" for any project) Revised?
Date of Emergency:			Time of Eme	rgency:		
Description of Sudden, Une	expected Event:					
Explanation of how the eve	nt caused unsafe condit	ions or equipment	damage:			
General Notification Attachr	ments:					
11. Attestation						
	dministrative Code rule ative Code will supervise ents is prohibited by law	3745 20 03 (A)(4 e the stripping and and I certify that f	(p), I certify that a removal describe acts contained in t	t least one person d by this notification this notification ar	n trained as required by paragion. I acknowledge that the sue true, accurate, and complete	raph (B) of rule bmission of e.
Signature: Submitted Onlin	ne via eBiz			Date:	6/25/2020	
Name: Steve Yates			Title: Enviror	nmental Mgr.		
Organization: SafeAir Cont	tractors, Inc.					



Notification of Demolition and Renovation/Abatement Section 2: Project Address Specific Information Division of Air Pollution Control

Ohio EPA Use On	vy		Project ID) #: 142128 -	· 1		
A. Facility Desc	ription	-					Revised?
Building Name (if	applicable): Mentor High S	chool		Site Location	on (specific): Ban	d & choir room	
Address: 6477 Ce	enter St.,						
City: Mentor				State:	ОН	Zip: 44060	
Building Size (squ	uare feet): 391620.0			No. of Floor	rs:2	Age (years): 51.0	
Present Use: high	n school			Prior Use: h	nigh school		
							Paviland
Demolition	Renovation / Abar		Removal	Repair	Encapsulation	n Enclosure	Revised?
. Asbestos Pre	esent? (check one)						Revised?
Yes	No	No, previously ab	ated	Year Al	bated:		
. Approximat <u>e</u>	Amount of AsbestosCor	taining Material	s (comple	te table bel	ow and Section	1 #6 if asbestos is pre	sent) Revised?
-	RACM	Material to be Rer Non-friable Ask	noved estos-Cor	taining Mate	erial	Material NOT to Non-friable Asbestos-	Containing Material
Pipes (linear	0.0	Category I 0.0		Category 0.0	/ II	Category I 0.0	Category II 0.0
feet) Surface area	0.0	0.0				0.0	
on other facility components (ft²)	160.0	0.0		0.0		0.0	0.0
Volume if length or area cannot be measured (ft³)	0.0		·				
. Asbestos Ab Setup Date:	patement Schedule and A			al notification 5/27/2020	is required 10 wo	orking days prior to the sta Complete Date: 6/24/	
Abatement Spec	cialist Name: Richard Koller	Certificat	ion #: AS3	1846		Expiration Date: 4/1/2	2022
Monday 7:30 to 16:0	Tuesday 7:30 to 16:0	Wednesday 7:30 to 16:0		nursday 0 to 16:0	Friday 7:30 to 16	Saturday :0	Sunday
. Demolition C	Contractor (if applicable)						Revised?
Name:							
Address: ,				(Contact Person:		
City:				State:		Zip:	
Email:			F	Phone: () -		Fax: () -	
	chedule (original notifica	tion is required	10 workin	g days prio	r to the start of	work)	Revised?
Start Date:				Complete	Date:		
I. Project Hold				T			Revised
	On Hold as of Date: 5/26/2	020				Work Resume Date: 6	/12/2020
Demolition Offsite	e/On Hold as of Date:			Demolition	On Site/Off Hole	d. Work Resume Date:	



Division of Air Pollution Control

Ohio EPA Use Only	Notification #:145630	0	Postmarke	ed:		Received: 8/4	1/2020	Hand-Delivered
I. Notification	Information (Check a	II that apply)						
	Revision # (count): 1	Installation	Emergency	/ Annual		Cancellati	on Pro	ject County: LAKE
NESHAP Re	sidential Exemption						_	
2. Owner, Asb	estos Abatement Con	tractor, Billing, a	nd Fire Depa	artment Info	matior	า		Revised
Name: Mentor P	Public Schools						Is this a cor	mpany? Yes
Address: 6451 C	Center Street,				Contac	t Person: Rick	Kolar	
City: Mentor				State: OHIO			Zip: 4	4060
Email: kolar@m	entorschools.org			Phone: (440) 974-5	5224	Fax:	(440) 255-5239
	<i>nent Contractor</i> (if applic	able)						
Name: SafeAir C						AC1237		Expiration Date: 8/31/2022
Address: 9342 F	Pinecone Drive,			(Contact	Person: Steve	Yates	
City: Mentor				State: OHIO			Zip:44	.060
Email: syates@s	safeairinc.com			Phone: (440) 639-1	191	Fax: ((440) 639-1194
3illing Contact (E	ntity paying for original	notification)						
		vner, Asbestos A	Abatement Co	ntractor, or		ion Contractor (i		on)?
Address: 9342 F	Pinecone Drive,				Contac	t Person: Bob I	Parks	
City: Mentor				State: OHIO			Zip: 4	4060
Email: bparks@:				Phone: (440) 639-1	191	Fax:	(440) 639-1194
<i>Fire Department</i> (Name:	(if applicable)							
Address: ,					Contac	t Person:		
City:				State:			Zip:	
Email:				Phone: () -			Fax:	() -
. Ohio Asbes	tos Hazard Evaluation	Specialist and E	Evaluation P	rocedure				Revised
Evaluation Spec	cialist:			Certif	ication	#:	Expi	ration Date:
Procedure, inclu (RACM) and Ca Below):	iding analytical methods tegory I and Category II	s, employed to deto non-friable asbes	ect the prese toscontaining	nce of and to material: F	estima PLM	te the quantity Point Count	of regulated TEM	asbestoscontaining material Other Method (Explain
	to be followed should							Revised
Stop Work and Wet	d Keep Evacuate	area Demarca	ate area (Contact licens	ed aba	tement contrac	tor Contac authority	ct district office/local air
Other (Explain	n): An AHES will review	the situation and p	oroper respor	nse action wil	l be tak	en	1	
. Planned De	molition (check all tha	nt apply)						Revised
	tion work to be perform		to be employ	ed, including	demoli	tion techniques	to be used:	
Implosion			al Demolition		ical Der	molition Otl	her (Explain)	<u>:</u>
· · · · · · · · · · · · · · · · · · ·	ected facility components	s (include attachme	ent if necessar	y):				
Demolition Attach	nment:							



Type of ACM to be	Surfacing	Mechanical	Other: fl	oor tile		
abated: Engineering Controls:	Wet Methods	Glove Bag	NPE	AFD	Other:	
Work Practices:	Intact Removal	Manual	Mechani			
WOIK FIACIICES.	Illiact Nellioval	Ivianuai	IVIECTIATII	Cai Other.		
Asbestos Waste Tran Transporter Name: Safeair	sporter (if applicable)					Revised
·			Т.	Occident Barrers B	short Dodge	
Address: 9342 Pinecone D	rive,			Contact Person: Ro		
City: Mentor			State: OHIO		Zip: 44060	
Email: bparks@safeair.con	n		Phone: (440)	639-1191	Fax: (440) 639-119	4
Transporter Name: Penn C	Ohio / EAP					
Address: 4813 Woodman A	Avenue,		(Contact Person: Ru	uss Nank	
City: Ashtabula			State: OHIO		Zip: 44004	
Email: rnank@pennohiowa	aste.com		Phone: (440)	792-7906	Fax: () -	
Asbestos Waste Disp Name: Republic Services (osal Site (if applicable Countywide Recycling &	Disposal Fac				Revised
Address: 3619 Gracemont		<u> </u>		Contact Person: G	ordon Frve	
City: East Sparta			State: OHIO		Zip: 44626	
Email: gfrye@republicservi	iona nom		Phone: (330)	\ 074 20EE	Fax: () -	
	ices.com		Friorie. (330)) 674-3633	rax. () -	
Emergency Demolition A copy of the issued order,	on (complete if you che	cked "Emergence	y" above and "	'Demolition" for a	ny project)	Revised
Government Official Issuing		morniadon, must	Title:	ino notinoation.		
	,		Authority o	f Order (Citation of	Code):	
Agency:						
			Demolition	Date:		
Date of Order:			Demolition	Date:		
Agency: Date of Order: ssued Order Document:						
Date of Order: ssued Order Document: 0. Emergency Renovation	on/Abatement (comple	te if you checked '		ove and "Renovat	ion/Abatement" for any projed	ct) Revised?
Date of Order: ssued Order Document:		te if you checked '	"Emergency" ab	ove and "Renovat	ion/Abatement" for any projed	ct) Revised
Date of Order: Ssued Order Document: O. Emergency Renovation Date of Emergency: Description of Sudden, Une	expected Event:		"Emergency" ab Time of En	ove and "Renovat	ion/Abatement" for any projec	ct) Revised
Date of Order: Ssued Order Document: O. Emergency Renovation Date of Emergency: Description of Sudden, Une Explanation of how the eve	expected Event: nt caused unsafe condit		"Emergency" ab Time of En	ove and "Renovat	ion/Abatement" for any projed	ct) Revised
Date of Order: Ssued Order Document: O. Emergency Renovation Date of Emergency: Description of Sudden, Une Explanation of how the eve	expected Event: nt caused unsafe condit		"Emergency" ab Time of En	ove and "Renovat	ion/Abatement" for any projec	ct) Revised
Date of Order: Ssued Order Document: Date of Emergency Renovation Date of Emergency: Description of Sudden, Une Explanation of how the eve General Notification Attachic	expected Event: nt caused unsafe condit ments:	iions or equipment	"Emergency" ab Time of En	pove and "Renovat nergency:		
Date of Order: Ssued Order Document: O. Emergency Renovation Date of Emergency: Description of Sudden, Une Explanation of how the eve General Notification Attachin 1. Attestation	expected Event: nt caused unsafe condit ments:	iions or equipment	"Emergency" ab Time of En	pove and "Renovat nergency:	ion/Abatement" for any project on trained as required by para tion. I acknowledge that the s re true, accurate, and comple	
Date of Order: Ssued Order Document: O. Emergency Renovation Date of Emergency: Description of Sudden, Une Explanation of how the eve General Notification Attache 1. Attestation In accordance with Ohio Attache 37452004 of the Administration states or misleading statement	expected Event: nt caused unsafe condit ments: dministrative Code rule ative Code will supervise ents is prohibited by law	iions or equipment	"Emergency" ab Time of En	t at least one person bed by this notification a		
Date of Order: Ssued Order Document: O. Emergency Renovation Date of Emergency: Description of Sudden, Une Explanation of how the eve General Notification Attachin 1. Attestation	expected Event: nt caused unsafe condit ments: dministrative Code rule ative Code will supervise ents is prohibited by law	iions or equipment	"Emergency" ab Time of En damage: (p), I certify that removal descriptacts contained in	t at least one person bed by this notification a	on trained as required by para tion. I acknowledge that the s re true, accurate, and comple	



Ohio EPA Use O	nly	Proje	ect ID #: 145630) - 1		
A. Facility Des	cription	•				Revised?
Building Name (i	f applicable): Mentor Hig	h School	Site Locat	ion (specific): Roo	m B200	1.00.0001
Address: 6477 C	Center St.,					
City: Mentor			State:	ОН	Zip: 44060	
Building Size (so	quare feet): 391620.0		No. of Flo	ors:2	Age (years): 51.0	
Present Use: Hig	,			High school	7 · · · · · · · · · · · · · · · · · · ·	
			Filor Use.	High school		
	eration (check all that a					Revised?
Demolition	Renovation / A	Abatement – Type: Rem	oval Repai	Encapsulation	n Enclosure	
C. Asbestos Pi	resent? (check one)					Revised?
Yes	No	No, previously abated	Year	Abated:		
D. Approximat	e Amount of Asbestos	Containing Materials (con Material to be Removed	nplete table be	elow and Section	1 #6 if asbestos is p	resent) Revised?
	RACM	Non-friable Asbestos	-Containing Ma Catego	terial	Non-friable Asbesto	s-Containing Material Category II
Pipes (linear feet)	0.0	Category I 0.0	0.0	-	Category I 0.0	0.0
Surface area						
on other facility components	75.0	675.0	0.0		0.0	0.0
Volume if length or area cannot be measured (ft³)	0.0					
	batement Schedule and e: 7/30/2020	d Abatement Specialist (d Abatement D	original notification ate: 7/30/2020	on is required 10 wo	orking days prior to the s Complete Date: 8/3	
Abatement Spe	cialist Name: Richard Ko	oller Certification #:	AS31846		Expiration Date: 4/	1/2022
Monday 7:30 to 16:0	Tuesday 7:30 to 16:0	Wednesday 7:30 to 16:0	Thursday 7:30 to 16:0	Friday 7:30 to 16	Saturda :0	y Sunday
F. Demolition	Contractor (if applicabl	e)				Revised?
Name:	• •					
Address:,				Contact Person:		
City:			State:		Zip:	
Email:			Phone: () -		Fax: () -	
G. Demolition	Schedule (original notif	fication is required 10 wo	rking days pri	or to the start of	work)	Revised?
Start Date:			Complet	e Date:		
H. Project Holo	i					Revised
Asbestos Offsite	e/On Hold as of Date: 8/4	1/2020	Asbestos	On Site/Off Hold,	, Work Resume Date:	
Demolition Offsi	te/On Hold as of Date:		Demolition	on On Site/Off Hole	d, Work Resume Date	:



Division of Air Pollution Control

Ohio EPA Use Only	Notification #:163891		Postmark	red:		Received: 6/1	4/2021	Hand-Delivered
1. Notification	n Information (Check all	that apply)	•					
Original	Revision # (count): 4	Installation	Emergenc	y Annua	al	Cancellati	on Proj	ect County: LAKE
NESHAP Re	esidential Exemption						l l	
2 Owner Ask	bestos Abatement Conti	ractor Billing an	d Eire Den	artment inf	ormatio	•		Revised?
Owner		actor, billing, an	ia riie bep	arunent iin	ormanoi			Reviseur
Name: Mentor F	Public Schools						Is this a con	npany? Yes
Address: 6451 (Center Street,				Contac	ct Person: Rick	Kolar	
City: Mentor				State: OHI	0		Zip: 4	4060
Email: kolar@m	nentorschools.org			Phone: (4	40) 974-	5224	Fax: (440) 255-5239
	ment Contractor (if applica	ble)		-				
Name: SafeAir (Contractors, Inc.			L	icense #	: AC1237		Expiration Date: 8/31/2022
Address: 9342 F	Pinecone Drive,			I	Contac	t Person: Steve	Yates	
City: Mentor				State: OHI	Ó		Zip:44	060
Email: syates@	safeairinc.com			Phone: (44	0) 639-1	191	Fax: (440) 639-1194
Billing Contact (E	Entity paying for original n	otification)						
Is this contact a	ssociated with the Own	ner, Asbestos Al	batement Co	ontractor, or	Demolit	ion Contractor (i	f not installation	on)?
Address: 9342 F	Pinecone Drive,				Contac	ct Person: Steve	e Yates	
City: Mentor				State: OHI	2		Zip: 4	4060
Email: syates@	safeairinc.com			Phone: (44	0) 639-1	191	Fax: (440) 639-1194
Fire Department	(if applicable)							
Name:								
Address:,				_	Contac	ct Person:		
City:				State:			Zip:	
Email:				Phone: ()	-		Fax: () -
	stos Hazard Evaluation strains: Scott Landis	Specialist and Ev	valuation P		ification	#: ES31801	Fynir	Revised?
'								ation Date: 8/26/2022
Procedure, inclu (RACM) and Ca Below): Assume	uding analytical methods, ategory I and Category II r ed ACM	employed to dete non-friable asbesto	ct the prese oscontainin	ence of and f g material:	to estima PLM	te the quantity Point Count	of regulated a TEM	asbestoscontaining material Other Method (Explain
4. Procedures	s to be followed should	unexpected RAC	M be disco	overed (che	ck all th	at apply)		Revised?
Stop Work an Wet	nd Keep Evacuate a	rea Demarca	te area	Contact lice	nsed aba	tement contrac	tor Contac authority	t district office/local air
Other (Explain	n): An AHES will review th	ne situation and pr	roper respo	nse action w	/ill be tak	en	1	
5. Planned De	emolition (check all that	apply)						Revised?
	ition work to be performed	d and method(s) to	o be employ	ed, includin	g demoli	tion techniques	to be used:	
Implosion	Fire Training Wet M		al Demolition		nical De	molition Otl	her (Explain):	
	fected facility components	(include attachmen	it if necessa	ry):				
Demolition Attac	hment:							



6. Asbestos Description	and Engineering Con	trols (if asbestos	s is being abated)		Revised?
emissions and ensure prop	ech project, describe the per waste handling:	type(s) of ACM to	o be abated, engir	neering controls	s and work practices to be used to	minimize
Type of ACM to be abated:	Surfacing	Mechanical	Other: floo	or tile & ceiling	tile	
Engineering Controls:	Wet Methods	Glove Bag	NPE	AFD	Other:	
Work Practices:	Intact Removal	Manual	Mechanica	al Other:		
7. Asbestos Waste Tran	sporter (if applicable)	1		•		Revised?
Transporter Name: Safeair	Contractors					
Address: 9342 Pinecone D	rive,		Co	ontact Person:	Robert Parks	
City: Mentor			State: OHIO		Zip: 44060	
Email: bparks@safeairinc.c	com		Phone: (440) 6	39-1191	Fax: (440) 639-1194	
Transporter Name: Penn C	Phio Corporation					
Address: 4813 Woodman A	Avenue,		Co	ontact Person:	Russ Nank	
City: Ashtabula			State: OHIO		Zip: 44004	
Email: rnank@pennohiowa	ste.com		Phone: (440) 9	92-7906	Fax: () -	
B. Asbestos Waste Disp	oeal Site (if annlicable	١			1	Revised
Name: Republic Services C						INC VISCO
Address: 3619 Gracemont	Ave SW,		Co	ontact Person:	Tim Vandersal	
City: East Sparta			State: OHIO		Zip: 44626	
Email: tvandersal@republic	cservices.com		Phone: (330) 8	374-3855	Fax: () -	
). Emergency Demolitio	n (complete if you che	ecked "Emergenc	 cv" above and "D	emolition" for	any project)	Revised?
A copy of the issued order,					unij projecej	
Government Official Issuing	Order:		Title:			
Agency:			Authority of 0	Order (Citation	of Code):	
Date of Order:			Demolition D	ate:		
Issued Order Document:						
	on/Abatement (comple	te if you checked '			ation/Abatement" for any project	Revised ²
Date of Emergency:			Time of Eme	ergency:		
Description of Sudden, Une	expected Event:					
Explanation of how the ever	nt caused unsafe condit	ions or equipment	t damage:			
General Notification Attachr	ments:					
I1. Attestation						
	dministrative Code rule a dive Code will supervise ents is prohibited by law	3745 20 03 (A)(4 e the stripping and and I certify that f	l)(p), I certify that a d removal describe facts contained in	at least one per ed by this notific this notification	son trained as required by paragration. I acknowledge that the su are true, accurate, and complete	raph (B) of rule bmission of
Signature: Submitted Onlin	ne via eBiz			Dat	te: 6/14/2021	
Name: Steve Yates			Title: Enviro	nmental Mgr.		
Organization: SafeAir Cont	ractors, Inc.					



Notification of Demolition and Renovation/Abatement Section 2: Project Address Specific Information

Division of Air Pollution Control

Ohio EPA Use Only Project IE			ct ID #: 163891 - 1						
A. Facility Des	cription	1			1	Revised?			
	f applicable): Mentor High	n School	Site Location (s	Site Location (specific): "C" Wing corridor					
Address: 6477 C	Center St.,								
City: Mentor			State: C	DH Z	Zip: 44060				
•	quare feet): 391620.0		No. of Floors:2						
	, , 				Age (years): 52.0				
Present Use: sch	1001		Prior Use: scho	Prior Use: school					
	eration (check all that ap	oply)				Revised?			
Demolition	Renovation / Al	batement – Type: Rem	oval Repair I	Encapsulation	Enclosure				
C. Asbestos Pi	resent? (check one)					Revised?			
Yes	No	No, previously abated	Year Abate	ed:					
D. Approximat	e Amount of AsbestosC	Containing Materials (cor	nplete table below	and Section 1	#6 if asbestos is present)	Revised?			
	DA 014	Containing Materials (cor Material to be Removed Non-friable Asbestos Category I	-Containing Material		Material NOT to be Re Non-friable Asbestos-Contai	moved ning Material			
5 . //	RACM —	Category I	Category II	'	Category I	Category II			
Pipes (linear feet)	0.0	0.0	0.0		0.0	0.0			
Surface area on other									
facility components	160.0	0.0	0.0		0.0	0.0			
(ft ²) Volume if									
length or area									
cannot be measured (ft³)	0.0								
E. Asbestos A	betomont Cobodule and	Abstement Checkelist /		es au simo el 40 ses aul	vince along prejon to the atout of m	ork) Revised?			
	e: 4/23/2021	Abatement D	ate: 4/23/2021	•	ing days prior to the start of w Complete Date: 7/30/2021	ork) Reviseur			
Abatement Spe	cialist Name: Richard Kol		AS31846		Expiration Date: 4/1/2022				
Monday Tuesday Wednesday		Thursday	Friday	Saturday	Sunday				
7:30 to 16:0	7:30 to 16:0	7:30 to 16:0	7:30 to 16:0	7:30 to 16:0					
F. Demolition	Contractor (if applicable	e)				Revised?			
Name:									
Address:,			Con	Contact Person:					
City:			State:		Zip:	Zip:			
Email:			Phone: () -	Phone: () -		Fax: () -			
G. Demolition	Schedule (original notifi	ication is required 10 wo	rking days prior to	the start of w	ork)	Revised?			
Start Date:				Complete Date:					
H. Project Holo	i					Revised			
Asbestos Offsite	e/On Hold as of Date: 6/12	2/2021	Asbestos On S	Asbestos On Site/Off Hold, Work Resume Date:					
Demolition Offsi		Demolition On	Demolition On Site/Off Hold, Work Resume Date:						



·		· · · · · ·						
Ohio EPA Use Or	nly	#: 163891 -	2					
A. Facility Des	cription					<u> </u>	Revised?	
Building Name (in	iool	Site Location (specific): Rooms 109, 111, 113, & 120						
Address: 9292 Jo	ordan Dr.,							
City: Mentor				State:	ОН	Zip: 44060		
Building Size (sq		No. of Floors:1 Age (v		Age (years): 58.0	ne (vears): 58 0			
		0 0 ,						
Present Use: sch		Prior Use: school						
	eration (check all that						Revised?	
Demolition	Renovation /	Abatement – Type:	Removal	Repair	Encapsulation	n Enclosure		
C. Asbestos Pr	resent? (check one)						Revised?	
Yes	No	No, previously ab	ated	Year Al	pated:			
D. Approximate	e Amount of Asbestos	 sContaining Material:	s (comple	te table belo	w and Section	1 #6 if asbestos is p	resent) Revised?	
		Material to be Ren Non-friable Asb	noved	taining Mata	rial	Material NOT	to be Removed s-Containing Material	
	RACM	Category I	<u> </u>	Category	'II	Category I	Category II	
Pipes (linear feet)	0.0	0.0		0.0		0.0	0.0	
Surface area								
on other facility	160.0	0.0		0.0		0.0	0.0	
components (ft ²)								
Volume if length or area								
cannot be	0.0							
measured (ft³)								
E. Asbestos Al	batement Schedule ar	nd Abatement Specia	list (origina	al notification	is required 10 wo	orking days prior to the s	start of work) Revised?	
Setup Date	ent Date: 4			Complete Date: 7/3				
Abatement Spe	cialist Name: Charles B	Sailey .lr Certificati	ion #: AS3	 2829		Expiration Date: 11	/14/2022	
				ursday Friday Saturo			;	
7:30 to 16:0	7:30 to 16:0	7:30 to 16:0) to 16:0	7:30 to 16		, Gunday	
F. Demolition (Contractor (if applicat	ole)					Revised?	
Name:								
Address:,				(Contact Person:			
City:				state:		Zip:		
Email:				Phone: () -		Fax: () -	Fax: () -	
G. Demolition S	Schedule (original not	tification is required	10 working	g days prio	to the start of	work)	Revised?	
Start Date:	Ì	•		Complete		•		
H. Project Hold	i						Revised	
Asbestos Offsite		Asbestos On Site/Off Hold, Work Resume Date:						
Demolition Offsite/On Hold as of Date:				Demolition On Site/Off Hold, Work Resume Date:				